

American Optometric Association NEWS

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No. 16

AOA monitors FDA review of eye surgery safety, outcomes

In response to patient complaints of dry eye, starbursts, halos and other post-surgical complications, U.S. Food and Drug Administration (FDA) officials gathered in Gaithersburg, Md., April 25 to review issues associated with poor outcomes from refractive surgery, including

laser-assisted in situ keratomileusis (LASIK) and phakic intraocular lenses (IOLs).

The meeting of the FDA's Ophthalmic Devices Panel (ODP) of the Medical Devices Advisory Committee was an opportunity for patients to voice specific concerns about the surgery and

for the FDA to develop improved ways to educate consumers about LASIK and post-surgical quality of life.

The AOA was represented at the session by Brian Den Beste, O.D., of Orlando, Fla., and the AOA Washington office team.

Optometry's message for the FDA and other provider groups is that for any analysis of surgical outcomes to be valid, it must be open to the perspective of optometrists on the frontlines of eye care.

"As our nation's primary

formally collect and analyze information about complaints of surgical complications from a national network of 350 medical facilities already organized to alert the agency about problems with other medical treatments.

The ODP will also advise the agency about how to move forward with a planned study aimed at assessing post-surgery quality of life issues.

Optometry has long been active in ensuring that providers, patients and federal



The AOA will reintroduce the National Optometry Hall of Fame at Optometry's Meeting™ in Seattle. The administration of the Hall of Fame was transferred from the Ohio Optometric Association to the AOA to allow greater recognition of this prestigious group of optometric visionaries. Since its inception, 46 individuals have been inducted into the Hall of Fame. To allow a smooth transition, all past inductees will be honored at an hors d'oeuvres reception on Friday, June 27, from 6-7:30 p.m. The National Optometry Hall of Fame will begin honoring new inductees in 2009. Optometry's Meeting™ attendees are invited to view the National Optometry Hall of Fame exhibit in the Exhibit Hall (4D - Skybridge) and celebrate with colleagues. Visit www.optometrysmeeting.org to register.

"As the FDA seeks ways to collect more detailed information, the AOA will advocate for full participation of optometry as one essential way to continue to fully safeguard the eye health and well-being of every American."

eye and vision care providers, doctors of optometry are on the frontlines, day in and day out, protecting America's vision," said Dr. Den Beste. "This post-surgery treatment study provides an important opportunity to re-evaluate outcomes and quality of life issues as it relates to these common surgical procedures.

"It's a priority to ensure that there will be full optometric input and involvement," he said.

The FDA is beginning to

health officials have access to the most accurate and detailed information concerning eye health.

"As the FDA seeks ways to collect more detailed information that can be provided to consumers, the AOA will advocate for full participation of optometry as one essential way to continue to fully safeguard the eye health and well-being of every American," said AOA Washington office Director Jon Hymes.

During the meeting,



Millicent Knight, O.D., right, presented the 2008 Health Care Leadership Award to Rep. Jan Schakowsky (D-Ill.), a pro-optometry leader in Congress. Along with Rep. Mary Bono Mack (R-Calif.) and Rep. John Boozman (R-Ark.), Rep. Schakowsky authored the AOA-backed Optometric Equity in Medicaid Act (H.R. 1983), a bill to recognize ODs as physicians under the federal Medicaid statute.

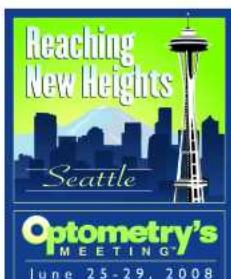
many members of the public spoke, including patients who had experienced bad, as well as good, outcomes with LASIK surgery, and representatives from patient advocacy groups testified.

Practicing clinicians, academic researchers, and military personnel also participated in the open public hearing sessions.

President's Column
The magic moments



Optometry's Meeting™ coverage
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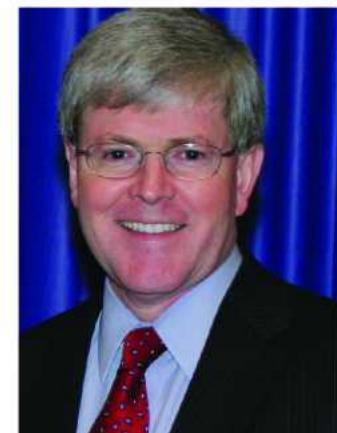
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The magic moments



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It's graduation time for our profession! Part of the process of graduation involves the time-honored tradition of the hooding ceremony. The doctoral hood dates back to the 1300s and is bestowed by the faculty in recognition of completion of all requirements for the doctoral degree.

Receiving the doctoral hood signifies admission into a learned profession.

As AOA president, I wish to congratulate our graduates as they receive their doctoral hoods and become doctors of optometry.

I would like to speak directly to our graduates because after all those years of study, receiving their hood is a very special moment, perhaps a magic moment.

We have many such moments in life, of course. As students of considerable achievement, as newlyweds, perhaps as parents, our grads have already experienced some of the magic moments in life — those moments when the reality of life just hits you. When you realize that you have grown, prepared, taken the leap and finally are facing life's challenges by yourself — what I call one of those "bare nerve endings of life."

You know what I mean — when he asked you to get married, when you found out you were going to be a parent, your first day as a cadet at West Point, or your first day in optometry school — those moments when you actually understood that your time had come, that you

really are a grown-up. Those are some of life's magic moments.

There are magic moments in a professional career as well.

First, I'll suggest that a very real magic moment will come in a few weeks — when you see your first patient as a newly licensed doctor of optometry.

When you will walk into the exam room and have to determine what problems the patient may have — and you will have to do it all alone — no proctors, no professors, no residents backing you up — just you. Believe me — THAT will be a magic moment.

And it will be a magic

A very real magic moment will come in a few weeks — when you see your first patient as a newly licensed doctor of optometry.

moment not because of the raw reality of the situation, but because at that moment, if you think about it, you are not really alone. You have excellent training — thanks to your optometry faculty. You have a comprehensive scope of practice — thanks to the efforts of your optometric association. Your very OD degree is the result of the foresight of those who have come before you. All of this history and all that you have done to prepare will allow you to focus on this one moment with the patient, as you improve vision, cure dis-

ease or prevent blindness.

Magic moments can sneak up on you as well. Take leadership for example. Few leaders set out to lead. Such a leader was Coach Maurice Cheeks, the former coach of the Portland Trailblazers. You may remember — a few years ago, a 13-year-old girl named Natalie Gilbert stepped onto a pre-game basketball court to sing the national anthem — and FORGOT THE WORDS.

Maurice Cheeks, without thinking, stepped over, put his arm around the girl and began singing the national anthem with her. Now, Coach Cheeks is not known for his singing, but on that day, in

that arena, Maurice Cheeks not only sang, but led thousands of fans in turning the potentially worst day in a young girl's life into the best day for many. It was a magic moment.

There will be a magic moment of leadership for you. And, like Coach Cheeks, you'll know it when you see it. Maybe, you'll be called upon to testify before the legislature to advance your profession as I did in 1992 when I was asked to testify before the Ohio House Health Committee as to the need and qualifications for therapeutic

pharmaceuticals for optometrists.

The room was packed with optometrists and ophthalmologists and the questioning was particularly difficult. But things went our way and our bill passed out of that committee and went on to pass the legislature and give optometrists the right to use therapeutic pharmaceuticals in Ohio.

I remember vividly the first day we could write prescriptions — it was like a giant weight had been lifted off all 1,200 Ohio optometrists — it was a very magic moment.

You may not have such an opportunity to advance your profession, but you may be asked to serve on a committee, or step forward to start a soccer team or chair a drive for a new school. You may mentor a teenager or comfort a senior living alone.

Whatever the leadership opportunity, when it comes — take it — it surely leads to a magic moment.

Sometimes a magic moment is simply the stark realization that it is time to pass the torch — that a new generation has now become the profession. That magic

See Moments, page 10

Hicks running for AOA Board

Gregory W. Hicks, O.D., has announced his candidacy for the AOA Board of Trustees. Dr. Hicks is a member of the AOA InfantSEE® Committee. He has served on the Communications Advisory Committee and spearheaded the initial design of the new Eye Disease Awareness Project Team.

He is serving his third consecutive three-year term as the AOA appointee on the Accreditation Council of Optometric Education (ACOE).

He has also served on the AOA Infants' and Children's Vision Coalition.

Dr. Hicks served as president of the Ohio Optometric Association (OOA) in 2000-2001 and was on the OOA board from 1993-2002.

He serves as an Ohio Realeyes classroom presenter and legislative Keyperson.

Along with serving on several OOA committees, Dr. Hicks was the InfantSEE® state leader from 2004-2006 and was the OOA Child Eye Task Force chair from 2005-2006. Dr. Hicks was a founding board member of the Ohio Amblyope Registry.

Dr. Hicks graduated from The Ohio State University College of Optometry in 1984 and is currently on the school's faculty.

He has volunteered for the American Red Cross, the Boy Scouts of America, Goodwill Industries, the Jaycees, the Ohio State University Alumni Club of Erie County, Rotary International, the Sandusky YMCA, the Sandusky Zion Lutheran Church, the United Way, local chambers of commerce, and many other organizations.

Among his many awards, Dr. Hicks was the first recipi-



ent of the AOA Dr. W. David Sullins, Jr. InfantSEE® Award and the OOA's Optometrist of the Year in 2005.

He is the president of Family Eye Care Services with locations in Sandusky, Huron and Clyde, Ohio. He practices with David M. Dreffer, O.D., Heather Demos, O.D., and John Wasyluk, O.D. Dr. Hicks and his wife, Vicki, have three children, Jeremy, Cassie and Jonathan.

Optimism greets news of vision improvement after gene transfer for Leber congenital amaurosis

Nearly 700 media outlets picked up news that two groups of investigators have reported independently on their initial observations from Phase I clinical trials of gene transfer for Leber congenital amaurosis (LCA). The two papers appear in the April 27, 2008, online version of the *New England Journal of Medicine*. A third Phase I clinical trial, one supported directly by the National Eye Institute (NEI) of the National Institutes of Health (NIH), is ongoing, but initial observations have yet to be published.

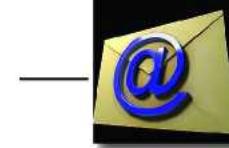
These Phase I clinical trials are designed as a preliminary assessment of the safety of gene transfer techniques in treating people with LCA. People with LCA are born with severe visual impairment or develop vision loss early in childhood. "Proof-of-concept" studies in animal models of LCA demonstrated gene transfer techniques to be safe, effective, and long-lasting in restoring visual function. For extensive background information on gene transfer and LCA, visit www.nei.nih.gov/lca/.

A study team led by Albert M. Maguire, M.D., at the Scheie Eye Institute, noted that one form of the disease, LCA2, is caused by mutations in the retinal pigment epithelium-specific 65-kDa protein gene (RPE65). The team delivered a recombinant adeno-associated virus (AAV) carrying RPE65 complementary DNA (cDNA) subretinally to judge the safety of the treatment in three patients.

"In summary, after injection of AAV2.hRPE65v2, each of the three eyes that received injection became more effective in driving the pupillary response. Each eye that received injection became approximately three times as sensitive to light as it had been at baseline, and the sensitivity of the eye that received injection surpassed that of the (previously better functioning) other eye," researchers wrote.

Another team, led by James W.B. Bainbridge, Ph.D., F.R.C.Ophth., of University College London's Institute of Ophthalmology, also administered AAV-carrying RPE65-complementary DNA to three patients. Two showed no clinically significant improvement, but a third patient did.

"The improvement in his visual mobility in low light was also substantial-



LETTERS

ASC ownership clarified

Editor:

I am writing this letter today to voice my concern regarding your use of the title, "HHS-OIG: ODs can not own eye care ASCs" to summarize the findings of Office of the Inspector General (OIG) Advisory Opinion No. 7-13 in your Nov. 12, 2007, issue.

In reading your article it is clear that the OIG did not find the proposed example of optometry, ophthalmology and hospital co-ownership of an ambulatory surgery center (ASC) to meet their specific requirements for "safe harbor" by which immunity is granted for potential anti-kickback violations.

However, in reading the actual OIG advisory opinion one finds that "the proposed

ownership could potentially generate remuneration violating the anti-kickback statute" and "a definitive conclusion requires a determination of intent which is beyond the scope of this advisory opinion process." (Emphasis added)

Thus the title used in your article is misleading in that it implies an absolute inability of any optometrist to have any ownership in any ASC.

A more accurate title reflecting the need for ODs to seek legal counsel prior to ASC ownership and/or exercise due care with regard to the intent of any venture would have been a more appropriate, educational and accurate service to your readers.

William D. Tanke, O.D.
President, Florida Optometric Association

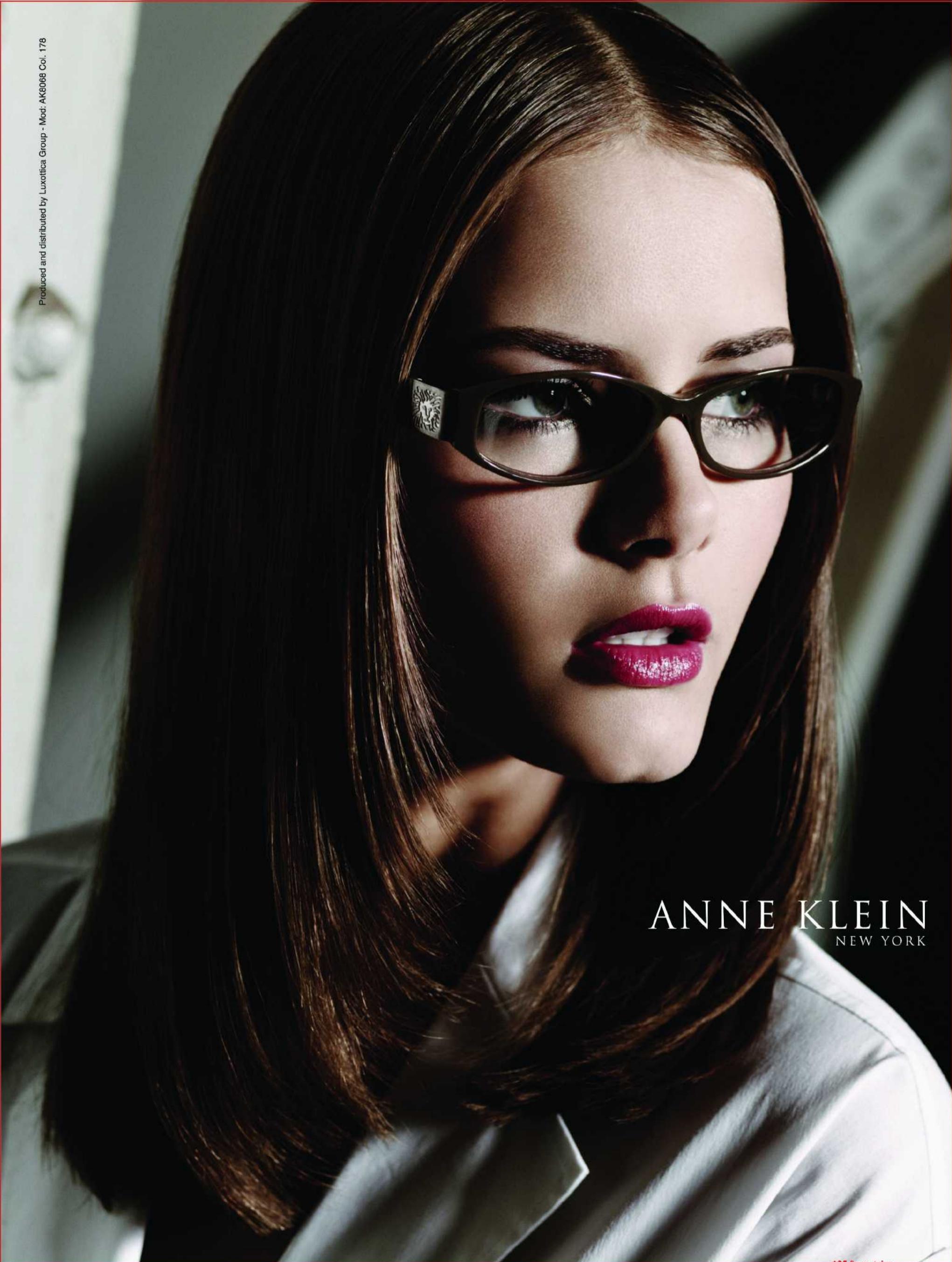
ly greater than that which would be due to a modest learning effect and was consistent with the improvement in visual function established by means of perimetry," researchers wrote. "It is not clear whether the improvement in visual responses in the peripheral macula is rod-mediated or cone-mediated. Neither can we be sure that the improvement in visual function is entirely due to enhanced levels of RPE65 in the retina."

Both study teams, and *New England Journal of Medicine* editor Joan Miller, M.D., recommend continuing study of the gene therapy.

"The initial observations indicate that within a short follow-up period, five months to one year, gene transfer for LCA appears to be well-tolerated and safe. Phase I clinical trials are specifically designed to evaluate safety; they do not feature the standard statistical and methodological safeguards required to properly evaluate treatment effectiveness," according to an NEI statement. "Nonetheless, several of the reported observations suggest that gene transfer may be exerting modest effects in some of the treated individuals. Additional follow-up testing of the treated individuals should determine whether these effects are sustained. Durability of effects is crucial given the history of human gene therapy trials which have demonstrated that early gene expression can be thwarted by immunologic or other responses."

According to the NEI, "no conclusions can be made at present as to whether gene transfer will restore visual function in people with LCA or impede further progression of the disease. Additional important insights will be gained when investigators have the opportunity to examine the totality of the published data, including observations from the third Phase I clinical trial."

These insights will enable investigators to refine the gene transfer techniques and will provide the preliminary information needed to design the Phase II and Phase III clinical trials that are necessary to determine both safety and effectiveness in a rigorous way.



ANNE KLEIN
NEW YORK



Drug, device makers to disclose CE support

Many of the nation's largest pharmaceutical and medical device manufacturers say they plan to make information publicly available regarding their health care provider education grants and other financial support to health care provider or patient organizations.

The action comes in response to a request from an influential Senate lawmaker for voluntary public disclosure of such information as well as the introduction of legislation in Congress to require disclosure of payments by drug and device makers to health care providers and organizations.

Sen. Chuck Grassley (R-Iowa), the ranking member of the Senate Finance Committee, announced April 11 that he had received outlines of disclosure efforts by Abbott, Amgen, AstraZeneca, Baxter International Inc., Boston Scientific, Bristol-Myers Squibb Co., Johnson & Johnson, Medtronic Inc., Merck & Co., Pfizer Inc., St. Jude Medical Inc., Schering-Plough Corp., Stryker Corp., Wyeth Pharmaceuticals, and Zimmer Holdings Inc.

A few of the manufacturers said they already disclose financial support information publicly. Most said they planned to do so in the coming months. Most said they planned to make information available on their company Web sites.

However, a handful indicated they have no plans to publicly disclose information on their grants or other financial support to health care providers or provider organizations.

The companies outlined their disclosure efforts in response to a February letter in which Sen. Grassley asked them to voluntary release information on their support for health care provider continuing education (CE) programs or similar efforts.

Among the companies surveyed by Sen. Grassley, only Johnson & Johnson manufactures products widely used by optometrists.

Johnson & Johnson's U.S.-based pharmaceutical and medical device and diagnostics companies will implement Web-based disclosure of financial relationships with health care profession societies and health care-related charitable foundations by the end of the first quarter of 2009, according the company's letter to Sen. Grassley.

However, public disclosure of CE grants and other industry support is likely to become commonplace over the coming months and years, according to the AOA Office of Counsel.

Sen. Grassley and Sen. Herb Kohl (D-Wisc.) in September 2007 introduced the Physician Payment Sunshine Act (S. 2029), which would require manufacturers of pharmaceutical drugs, devices, and biologics to disclose the amount of money they give to doctors through payments, gifts, honoraria, travel, and other means.

At least two industry trade associations, the Pharmaceutical Research and Manufacturers of America (PharMA) representing drug makers and AdvaMed representing device makers, have already formulated recommendations on standards to increase transparency in the allocation of grants and other industry support.

Chiropractors' boycott ends in antitrust settlement

The Federal Trade Commission (FTC) has approved an antitrust settlement with two Connecticut chiropractic organizations and an attorney accused of orchestrating a boycott of a health plan.

According to Connecticut Attorney General Richard Blumenthal, leaders of the two groups encouraged members to opt out of a program offered by Anthem Health Plans, Inc., because it was about to be taken over by a new administrator retained to cut costs in the program.

Under the settlement, the Connecticut Chiropractic Association (CCA), Connecticut Chiropractic Council (CCC), and the CCA's attorney deny all allegations of wrongdoing, but will pay a total of \$87,000 in civil fines and adopt measures to prevent similar practices in the future.

The settlement came in the wake of investigations by both the Connecticut attorney

general's office and the FTC.

The alleged boycott occurred after Anthem indicated it intended to hire American Specialty Health (ASH) Networks, Inc., to administer chiropractic benefits for members.

American Specialty provides a cost-saving chiropractic benefits administration program, according to the FTC. The firm was widely expected to cut provider reimbursements.

The FTC's complaint alleged that the CCA, CCC, and CCA legal counsel Robert L. Hirtle, Hartford, Conn., conspired through a campaign of meetings and other communications to encourage and facilitate a collective refusal to deal with American Specialty Health and establish a separate chiropractic service network instead.

The net effect of the boycott was to prevent ASH from establishing its program in Connecticut. As a result, chi-

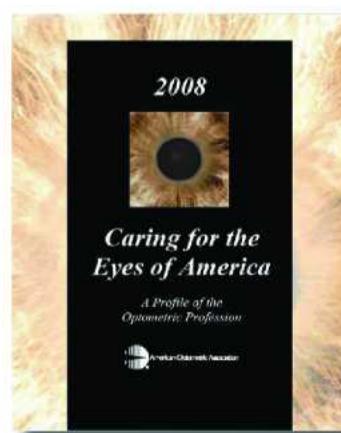
ropractor reimbursements offered by Anthem were not reduced, according to a Connecticut attorney general's statement.

According to an FTC statement, "the challenged conduct had no legal justification and, thus, was a naked boycott among competitors and a clear *per se* violation of the antitrust laws," specifically, Section 5 of the Federal Trade Commission Act.

"Group boycotts by health care providers eliminate competition and raise health care costs to consumers," said Jeffrey Schmidt, director of the FTC's Bureau of Competition. "The action announced today will prevent the recurrence of such conduct and preserve the benefits of competition for chiropractic patients in Connecticut," he said.

"The FTC is vigilant in this area," the AOA Office of Council noted in a bulletin to optometric leaders last month.

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NPI update

Final NPI deadline is May 23

Most health care providers and health plans will be ready to conduct business using National Provider Identifier (NPI) numbers by next week's May 23 final deadline, the U.S. Centers for Medicare & Medicaid Services (CMS) believes.

However, the agency is urging optometrists and other health care providers to check one last time prior to the deadline to be sure.

Mandated under the federal Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard, the

new NPI system was developed to provide a unique, universally recognized identification number for every health care provider in America, according to the CMS.

The 10-digit identification number is designed to replace the numerous identifiers (now referred to by the CMS as "legacy identifiers") that have been issued by public and provider health plans over the years, the CMS notes.

The NPI is to be used in filing health insurance claims as well as in other common health care-related transactions covered under HIPAA.

Mandated for use in electronic transactions under federal law, the new identifier is also required by Medicare, Medicaid and most private insurance plans for paper transactions as well.

Medicare recently approved the use of a new CMS 1500 (08/05) claim form specifically designed to provide for the use of NPIs in the filing of paper claims. The forms can be purchased through the AOA Order Department.

Health care providers who are not prepared to use NPIs as the sole numeric form of provider identifica-

tion on claims by May 23, will face claim rejection and perhaps additional penalties, the CMS warns.

The CMS initially set May 23, 2007, as the deadline for implementing NPIs by most entities (small health plans have always had until May 23, 2008), and health care providers have been required to have NPIs since that time.

However, after learning that many insurers (including many Medicare carriers) would not be prepared to use NPIs in processing transactions by that date, the CMS issued a one-year extension

for the use of the identifier in transactions.

Under the terms of the extension, insurers were to establish contingency plans stipulating how they intended to begin phasing in use of the NPI over the next 12 months.

The CMS (designated as the enforcement agency for the NPI) announced it would not impose penalties on covered entities that set up contingency plans if they had made reasonable and diligent efforts to become compliant.

The CMS also announced that enforcement

see NPI, page 8

A last-minute NPI checklist

✓ **Insurance plans** — The AOA Advocacy Group recommends practitioners check to ensure they have provided their NPI number to all public and private insurers under which they provide care. Practitioners should also make certain they understand the NPI implementation policies for all of those plans. While federal law requires all plans to use the NPI by May 23, some may opt to use it sooner.

✓ **Medicare** — The CMS provides NPI information on its Web site at www.cms.hhs.gov/NationalProviderStand. The agency has developed a library of Medicare Learning Network articles addressing various aspects of the NPI implementation. A complete list of the NPI articles is available at www.cms.hhs.gov/NationalProviderStand/Downloads/MMArticles_NPI.pdf.

✓ **Medicaid** — NPI implementation information can be obtained by consulting state Medicaid administrators or Medicaid plan Web sites for instructions, according to the AOA Advocacy Group. In most states, Medicaid plan information can be found on state government Web sites.

✓ **Private health plans** — Optometrists should make sure they have provided NPI information to both the major medical plans and the vision care plans under which they provide care, according the AOA Advocacy Group. For instructions on the NPI policies of medical plans, practitioners should consult the provider portals on insurance company Web sites or recent editions of provider newsletters issued by insurance plans, according to America's Health Insurance Plans (AHIP), the trade association representing the health insurance industry.

Vision Services Plan (VSP), the nation's largest vision insurer, has already implemented the NPI and requires the NPI from any doctor submitting a claim, according to a company spokesperson. Eye care practitioners can submit NPIs to VSP and obtain additional information through the Eyefinity (www.eyefinity.com) optometric Web portal's elnsurance page.

✓ **Business associates** — Optometrists should make sure they have provided NPI numbers to all:

✓ Claims clearinghouses or claims filing services used by their practices. In addition to making certain claim filing services have NPI numbers on file, practitioners should make certain those services are using them, according to the CMS. As late as last month, the agency warned that

some services appear to be stripping NPI numbers from claims, a practice that will result in claim rejection after the NPI implementation deadline.

✓ **Health care providers to which they refer patients or from whom patients may be referred;**

✓ Laboratories through which tests are ordered;

✓ Health care product suppliers including optical labs, which will require NPIs on Medicare claims for cataract eyeglasses and eyeglasses covered under Medicaid, and;

✓ Other entities that may require their NPI numbers such as hospitals or nursing homes.

✓ **Testing** — Any Medicare health care providers who have not yet begun testing NPI claims should do so immediately, the CMS emphasizes. Providers who have successfully test-filed small batches of claims should steadily increase the volume of claims filed using the NPI as the sole identifier, the agency says.

If claims are rejected:

✓ **Check NPPES** — Providers should access their National Plan and Provider Enumeration System (NPPES) records and make sure that the information being provided on claims is consistent with the information filed in NPPES. If it is different, the practitioners should update NPPES files and resend a small batch of claims three to four days later.

✓ **Check Medicare files** — Practitioners who find claims are still being rejected may need to update their Medicare enrollment information, the CMS advises.

✓ **Check with carrier customer service** — Practitioners may also need to call a customer service representative at their Medicare carrier, fiscal intermediary, Medicare Part A and B Administrative Contractor (A/B MAC) or Medicare administrative contractor for durable medical equipment (DME MAC) to discuss the situation and, if necessary, request an investigation, the CMS adds.

When contacting carrier service representative, providers should have copies of their NPPES records or their own NPI Registry record available.

"The contractor telephone numbers are likely to be quite busy, so don't wait," the agency adds.

would be complaint-based. The agency also issued its own NPI contingency plan for the Medicare program.

Under the final phase of that Medicare contingency plan (which took effect March 1, 2008), the CMS has been requiring that Medicare fee-for-service 837P and CMS-1500 claims include an NPI in the primary fields (i.e., the billing, pay-to, and rendering fields).

Providers have been allowed to submit NPI/legacy pairs in those fields if they wish. Providers have also been allowed to continue submitting legacy identifiers in secondary fields as a form of backup identification.

However, after the May 23 deadline, Medicare claims or other transactions with any numeric provider identifier other than an NPI will not be allowable, according to the CMS.

Medicare claims with identifiers other than the NPI will be rejected as "unprocessable" and penalties will be possible, the agency warns. Other public and private health plans are also expected to be using only NPIs in transactions by that date.

The AOA Advocacy Group urges any optometrist who has not yet registered for an NPI to do so immediately. The AOA Advocacy Group also urges optometrists to conduct adequate test filing of NPI-only claims.

For the past two months, the CMS has been urging providers to test batches of Medicare claims using only NPIs to make sure Medicare carriers and claim clearing-houses can process them properly.

Practitioners should also ensure that they have provided their NPI numbers to all:

- ❖ Health plans under which they provide care,
- ❖ Health care providers to whom or from whom they refer patients, and
- ❖ Other business associates who may need their NPI numbers (see box, page 7).

CMS: Keep NPPES current

Health care providers are required to keep information filed with the National Plan and Provider Enumerator System (NPPES) current, the U.S. Centers for Medicare & Medicaid Services (CMS) notes.

In a recent e-bulletin, the CMS noted that health care providers are required to update their NPPES files within 30 days of making any updates to their Medicare provider enrollment system files. NPPES files cannot be updated in advance of Medicare provider files, the agency emphasized.

The requirement applies to both changes entered through the Medicare Provider Enrollment and Chain/Ownership System (PECOS) system for carriers and the National Supplier Clearinghouse (NSC) used to register suppliers of durable medical equipment under Medicare. As always, Medicare files must be updated using the CMS-855 form.

"In a change of ownership (CHOW) situation, for example, the new owner would not make changes in the NPPES record of the provider that is being sold until after the CMS-855 is processed and its changes are effective in the Medicare enrollment system. If a new NPI is to be obtained as part of the CHOW and an existing NPI is to be deactivated (those decisions are up to the buyer and the seller), the NPI should not be deactivated until after all claims using that NPI reach final settlement (this could involve health plans in addition to Medicare)," the CMS explained in a recent e-newsletter.

The CMS also advises practitioners to make sure they understand the plans other public or private insurers have regarding NPI implementation. While federal law requires all plans to use the NPI by May 23, some may opt to use it sooner, the agency notes.

The AOA Advocacy Group advises optometrists to frequently check for late NPI implementation advisories from the CMS on the AOA's NPI page (www.aoa.org/x4844.xml.)

Last minute CMS NPI

advisories will also be covered in the May 22 edition of the AOA NewsLetter, a monthly e-mail bulletin to AOA members.

A more comprehensive look at implementation of the NPI appears in the Practice Strategies section of the May issue of *Optometry: Journal of the American Optometric Association*.

Health care providers can obtain their NPI number at no charge online through the National Plan/Provider Enumeration System Web site (<https://nppes.cms.hhs.gov>).



AOA honors U.S. House Whip

At the April 9 "Breakfast with Optometry's Champions," Michelle Reeves, O.D., member of the AOA-PAC Board of Directors, honored U.S. House Majority Whip James Clyburn (D-S.C.) with the 2008 AOA Health Care Leadership Award. Congressman Clyburn has been THE leading voice in Congress supporting the expansion of the S-CHIP program to require that children in his home state and across the country get the eye and vision care they need, a goal that the AOA proudly shares with him.



At an April 7 Student Attendee Workshop, Jamie Hill, American Optometric Student Association president from the University of Alabama at Birmingham School of Optometry, rallied more than 100 student attendees — an all-time AOA Congressional Advocacy Conference record — and prepared them for the important advocacy work they would be doing in the days ahead.



Jim Venable, O.D., chair of the AOA's Pediatrics & Binocular Vision Committee, outlines the committee's work during a session of the Clinical Care Group Executive Committee. The session was one of more than 30 committees, project teams, sections and commissions to meet during AOA's Spring Planning Conference in St. Louis, May 2-3.



AOA's new *Caring for the Eyes* finds growth, change

The U.S. ophthalmic market now totals nearly \$30 billion annually with private practice optometrists continuing to provide the largest segment of that care, according the ninth edition of *Caring for the Eyes of America*, the AOA's trademark compendium of research and data on the optometric profession and the ophthalmic industry.

The new volume finds optometrists maintaining and reinforcing their position as America's primary eye care providers despite a rapidly changing eye care market, according to the AOA Information & Data Committee.

Caring for the Eyes of America examines the changing nature of optometric practice over time and has become recognized as a valuable resource for the optometric press, the optical industry (including frame and lens makers), the contact lens industry, optical laboratories, retail optical chains, financial institutions and brokerage houses, third-party payers, libraries, and schools and colleges of optometry.

"The growth in the market between 2005 and 2007 is due to many factors, including steady but moderate growth in the economy, increases in the range and volume of services provided by optometrists, expansion in private third-party and governmental coverage of vision and eye care services, growth in the population needing eye care, and the public's enhanced awareness of the importance of good eye health care," the introduction to *Caring for the Eyes* notes.

Based on recurring AOA surveys and other sources, the volume provides data on consumer trends, third-party/managed care participation rates, the size and share of the ophthalmic market, optical dispensing, and optometric

income.

Among the topics specifically covered:

- ❖ How the optical and ophthalmic markets have changed and continue to change;
- ❖ The factors motivating patients to act on eye examinations;
- ❖ How often patients get their eyes examined;
- ❖ Trends in income for optometrists and their staffs;
- ❖ How practice income is generated;
- ❖ The growing impact of third-party coverage for eye and vision care (including the impact of managed care);
- ❖ The latest data from the Consumer Price Index on eyewear and eye care;
- ❖ Current trends in optical dispensaries and their impact on practices.

The new edition of *Caring for the Eyes of America* includes data from the 2007 AOA Economic Survey, which provides information on the average hours per week doctors engage in practice, the number of patients seen in an average week, and return time for eye exams.

Also provided is data related to glaucoma treatment, refractive surgery and

referrals, care of diabetic patients, and legend drug prescribing.

Economic data also covers optometric income for both self-employed and employed/affiliated optometrists — broken down by practice setting, years in practice, and gender.

Also included in the 2008 *Caring for the Eyes of America* is information from the AOA's 2006 Consumer Survey, which examines the reasons patients seek care, how consumers find eye care doctors, the frequency of eye exams, and the numbers of optometrists versus ophthalmologists performing eye exams.

Other consumer information included in the report provides government data from the Consumer Price Index (CPI), showing that consumer price changes for eyeglasses and eye care remain among the lowest in the economy.

Information on the number of patients covered by third-party and managed care sources, patient volume, gross and net incomes, health plan participation, optometric managed care services provided, and participation in

Medicare and Medicaid is included as well.

A special section is provided on the size and share of the ophthalmic market, with results based on internal research and analysis by the AOA's experts on labor and the economy.

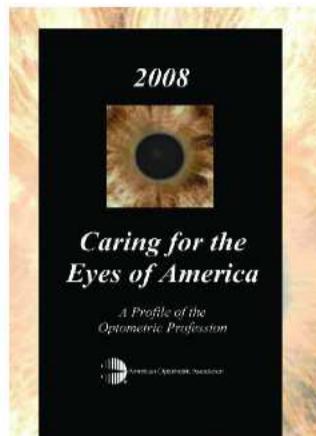
Of particular interest to industry is the section on ophthalmic lenses and frames.

Data provided covers lens materials, types, and treatments, as well as information on who makes the recommendations and "sells" the lenses to patients — the optometrist or a staff member.

This section also covers sales by laboratories, display frames, cost and mix of display frames, income from contact lenses, and factors influencing the selection of a frame vendor.

A new section on the AOA's VisionUSA program (through which participating AOA members provide care to uninsured low-income workers and the families) suggests that some segments of the population still may not be receiving adequate eye care.

For a limited time, *Caring for the Eyes of America* will be available at a



reduced price.

Copies ordered by May 31, 2008, are just \$229. After May 31, the regular price will be \$279. For AOA members, *Caring for the Eyes of America* is just \$39 if ordered by May 31, and \$59 after that date.

Also available for purchase is a boxed set, which includes the 2006 version of *Caring* and the new 2008 version, both on CD-ROM. The boxed set, if ordered by May 31, is \$356 (\$68 for AOA members). If ordered after May 31, the boxed set is \$419 (\$89 for AOA members).

To place an order, or for more information on ordering multiple copies, contact Tracie Jones at 800-365-2219, ext. 4238, or TAJones@aoa.org.

Suit alleges anticompetitive actions in ophthalmic surgical market

Synergetics USA, Inc., a small Missouri-based surgical device maker, has filed a civil antitrust lawsuit against Alcon, Inc., charging Alcon has leveraged its monopoly position in some segments of the ophthalmic surgical supply market to control health care provider purchasing decisions and dissuade providers from using Synergetics' products.

The suit, filed April 16 in U.S. District Court for the Southern District of New York, alleges Synergetics has lost tens of millions of dollars in sales and seeks a recovery that could total more than \$100 million.

An Alcon spokesperson said the company could not comment on a pending court action.

While the lawsuit centers around surgical devices that are not used in practice by optometrists — and no ophthalmologists are named as defendants in the suit — it serves to describe anticompetitive actions that optometrists and all other health care providers should be aware of and careful

ly avoid, according to the AOA Office of Counsel.

If the court finds in favor of the plaintiff in the case, it could give impetus to ophthalmologists involved in the alleged actions being at risk of being charged with accepting illegal kickbacks, especially if any surgery was promoted and performed on Medicare or Medicaid patients as a result of those actions, the AOA Office of Counsel notes.

Also, if the doctors were found to be part of an organized boycott of a manufacturer, they could also be subject to antitrust action, the AOA Office of Counsel adds.

The lawsuit centers around surgical illumination sources and associated accessories manufactured by both Alcon and Synergetics.

Synergetics alleges that Alcon has used its monopoly power in the market for vitrectomy machines used in vitreoretinal surgery to the detriment of sales of Synergetics' products.

AOA builds on 2006 regulatory win to secure changes to proposed DMEPOS rule

In 2003, in response to reports from across the nation concerning Medicare fraud and to address specific and widespread abuse by companies involved in the sale of power mobility scooters for seniors, Congress directed the Centers for Medicare & Medicaid Services (CMS) to develop new guidelines and quality standards for suppliers of durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS).

Congress's objective for the agency was to address fraud and waste in the program while preserving Medicare beneficiaries' convenient access to DMEPOS supplies and to maintain established provider/patient relationships.

Over the last five years, the AOA has actively monitored the CMS's development of new DMEPOS regulations and, as necessary, raised objections – both separately and as part of a large coalition of health provider groups – about unintended consequences that would harm ODs and their patients.

In 2006, after a sustained campaign led by the AOA

and other provider organizations, CMS officials reversed course and announced that physicians (including ODs) would not be required to participate in a new DMEPOS competitive bidding process that the agency had announced as a requirement nine months earlier.

This has meant that "prosthetic devices that aid vision (glasses and contacts) are not among the items and services subject to competitive bidding," which is a major regulatory victory for optometry.

In January 2008, the CMS issued new proposed regulations concerning DMEPOS supplier enrollment.

Although the AOA had earlier urged CMS officials to avoid a "one-size-fits-all" approach to accreditation for DMEPOS suppliers and to fully recognize the unique role of licensed health providers like ODs, that's just what the agency did.

The CMS's plan would impose unrealistic and unworkable accreditation requirements on physician suppliers for whom DMEPOS products – while essential to patient care – are a rel-



John Coble, O.D., left, proudly presented Rep. Ralph Hall (R-Texas) with the 2008 AOA Health Care Leadership Award at the 2008 Congressional Advocacy Conference evening reception honoring the "Champions of Children's Vision." The event, held on Capitol Hill, shattered all-time records for attendance by U.S. senators and representatives. More than 70 members of Congress, representing nearly every state, met with their local ODs and showed support for optometry's legislative priorities.

atively small share of services.

Since the January announcement, the AOA – joined by the American Medical Association and groups representing ophthalmologists, orthopedic surgeons, podiatrists, occupational therapists and physical therapists – have opposed the final implementation of this regulation based both on its substantive deficiencies and its unworkable time-frame.

Following two joint statements to CMS officials and an initial meeting with them on April 16, the AOA

and the like-minded groups have pushed for a follow-up meeting at CMS headquarters now set for May 16.

In addition, the AOA has briefed concerned members of Congress on the supplier enrollment issue and will provide testimony at two upcoming Capitol Hill hearings called to examine the disconnect between Congress' directives to the CMS and the impact of DMEPOS regulations on physicians.

The AOA's message to the CMS and concerned members of congress remains clear: With burdensome new supplier regu-

lations, ODs – as well as a range of other health providers – could be faced with being unable to provide Medicare-covered DMEPOS products to their patients at the point of care.

"As such an outcome would prove to be harmful to physicians and patients, it must be avoided through revised regulations," said AOA Washington office Director Jon Hymes.

AOA members with questions or concerns are asked to contact Kelly Hipp, AOA director of professional relations, at 800-365-2219 ext. 1346, or khipp@aoa.org.

Moments, from page 3

moment came to me when I finished my service as an officer of the Ohio Optometric Association.

I came to understand that as new leaders take their turn, they have to make their own successes and their own failures—and there will be both. But, it is all part of the order of things. Ronald Reagan once said, "You know, by the time you reach my age, you've made plenty of mistakes if you've lived your life properly"—how very true.

So, you WILL make your mark, and as I write this today, I wonder what your profession will become—what new dis-

coveries you will make, what patients' lives you will improve—what magic moments you will have.

Today, as president of the American Optometric Association, on behalf of the 35,000 practicing optometrists in this country, I welcome you to the profession of optometry. The future of our great profession is very bright, and I am confident that each of you will find success.

I also know that you will have many magic moments—whether in patient care, professional achievement, community service, or your personal life.

Congratulations, doctors!

Kevin L. Alexander, O.D., Ph.D.

Call for Volunteers for Junior Olympic Vision Evaluations

The AOA Sports Vision Section (SVS) will be conducting free vision evaluations July 23-25 for athletes competing in the 2008 Amateur Athletic Union (AAU) Junior Olympic Games in Detroit, Mich., thanks to the generosity of CIBA Vision. The program, co-chaired by Steven Hitzeman, O.D., and Stephen Beckerman, O.D., provides volunteers the opportunity to establish testing protocols, gather data, and aid in identifying the best types of sports vision evaluation equipment. In addition, it is an excellent opportunity to receive hands-on training and experience in the latest sports vision evaluation techniques.

The AAU Junior Olympic Games is the largest national multi-sport event conducted annually for youth in the United States. More than 3,800 Junior Olympic athletes have received free vision evaluations from the SVS in the last 14 years.

To volunteer or for more information, call the SVS office at 800-365-2219, ext. 4208 or e-mail SVS@aoa.org. Prospective volunteers will be contacted prior to the evaluations and informed of any funding available to help defray expenses.

Athletes reminded to prevent eye injuries with protective eyewear

As warm weather arrives and outdoor sporting increases, the AOA urges athletes to protect their sight — and that of teammates — by keeping street eyewear off the playing field and wearing proper protective eyewear instead.

Each year, thousands of sports-related eye injuries occur in the United States.

Conventional frames and lenses do not meet the minimum requirements for impact resistance in most sports, which can turn a small collision into a sight-threatening injury.

Sports-protective eyewear is tested to meet rigid standards, and some have been independently verified and received the AOA Seal of Acceptance.

"Eye protection should be of major concern to all athletes, especially in certain high-risk sports," said Paul Berman, O.D., a sports vision specialist. "Thousands of children and adults unnecessarily suffer sports-related eye injuries each year. Every 13 minutes, an emergency room in the United States treats a sports-related eye injury, and nearly all could be prevented by using the proper protective eyewear. And, if you participate in sports, get an eye exam. It can detect whether you have vision problems, like nearsightedness, farsightedness or astigmatism, which could diminish your performance and lead to physical injuries during sports."

Some cautionary sports vision statistics include:

- ❖ Approximately 600,000 documented sports-related injuries are reported each year in the United States. (Tri-Service Vision Conservation and Readiness Program, Eyes (Ears) and Workers Compensation)
- ❖ More than 42,000 sports-related eye injuries require emergency room attention. (U.S. Consumer Product Safety Commission)
- ❖ An estimated 13,500 cases result in permanent loss of sight. (Protective Eyewear Certification Council)
- ❖ Approximately 72 percent of sports-related eye injuries occur in people younger than 25 years and approximately 43 percent occur in children younger than 15 years. (U.S. Consumer Product Safety Commission)

Sports with a moderate to high risk of eye injury include basketball, baseball, softball, cricket, lacrosse, field hockey, ice hockey, squash, racquetball, fencing, boxing, full-contact martial arts, air rifle, tennis, badminton, soccer, volleyball, water polo, football, fishing, golf and wrestling.

The most common sports vision concerns include:

- ❖ Protection: Athletes' eyes need certified sports protective eyewear that will protect against injury with lenses that protect from ultra-violet light.
- ❖ Correction: Spectacle wearers require sports protective eyewear that also will correct their vision, while contact lens wearers may need a different lens than their everyday one. For example, skiers spend their time in cold, dry conditions and need a contact lens that will provide more moisture.
- ❖ Vision enhancement: Athletes often need help enhancing their binocular vision or depth perception.

For additional information regarding sports vision, visit <http://www.aoa.org/sports-vision.xml>.

AOA names 2nd-round K.I.D.S. grant recipients

The AOA announced the second-round winning projects for the Keeping Injuries Down in Sports (K.I.D.S.) State Association Grant program, sponsored by Liberty Sport.

A total of \$50,000 was awarded to six state association applicants:

- ❖ **Mississippi Optometric Association: Save A Sport's Sight** — The Mississippi Optometric Association's (MOA) Save A Sport's Sight (SASSi) program is designed to educate optometrists on their role in the prevention of sports-related eye injuries.

The program will also increase awareness in public and private schools, parks and recreation departments and the Mississippi state legislature.

A Web page will be established on the MOA Web site devoted to the prevention of sports-related eye injuries.

Strategies and activities will include the development of informational kits to be distributed, a summary sheet for legislators, a portable display for conferences and a speaker's bureau.

- ❖ **South Dakota Optometric Society: SD K.I.D.S.** — The South Dakota Optometric Society's SD K.I.D.S. program will use the approach of airing 30-second, eye safety radio messages statewide on South Dakota Broadcasters Association member stations.

The messages are geared toward making the public aware that wearing protective eyewear reduces eye injury.

- ❖ **Michigan Optometric Association: Sports Protection and Education for Children** — The Michigan Optometric Association's (MOA) Sports Protection and Education for Children (S.P.E.C.) program will consist of a pre-composed PowerPoint presentation and material kit for MOA member optometrist to provide seminars and educate school coaches, nurses,

directors, parents and administrators and dispense the kits to those in attendance.

Displays and brochures will be developed for MOA optometrists educating the public about the importance of personal protective eyewear for children involved in sports.

- ❖ **Iowa Optometric Association: Time Out- A Program for Sports Eye Safety** — The Iowa Optometric Association's (IOA) Time Out- A Program for Sports Eye Safety is directed at children between the ages of 5 and 17.

The IOA will initiate contact with sports-related organizations such as the Iowa Games and Iowa Governor's Council on Physical Fitness and Sports.

A direct mail campaign will consist of educational posters and brochures being developed and distributed to schools and optometrists.

- ❖ **Nebraska Optometric Association: Winning With Eye Safety — Promotion of Protective Eyewear in Sports** — The Nebraska Optometric Association planned a public awareness campaign aimed at educating the public about sports-related eye injuries and encouraging the use of protective eyewear during recreational activities.

The project included a four-week targeted radio



campaign that ran during the National Youth Sports Safety Month in April 2008.

To listen to the message, visit <http://noaonline.org/consumer/index.htm?1205182085>.

- ❖ **Optometric Physicians of Washington/ Imagine Children's Museum: Can You See How I See?** — The Optometric Physicians of Washington is collaborating with the Imagine Children's Museum to host an annual event called "Can You See How I See?" The event will be held Oct. 11, 2008.

The goals of the sports injury portion of the event will include experiments to stimulate the eye, examples of protective eyewear, and informational brochures about injury prevention. A local sports figure will talk about the importance of eye safety.

The purpose of the K.I.D.S. grant program is to provide funding assistance for projects that support public education and awareness of the prevention of sports-related eye injuries through the use of appropriate personal protective eyewear.

For more information, visit www.aoa.org/x7366.xml.

Member benefit: AOA First Look

In a new benefit for AOA members, the AOA has teamed up with U.S. News and World Report to provide a daily e-mail summary of health care and ophthalmic news, under the title "AOA First Look."

AOA members who already receive association e-publications should be receiving AOA First Look now.

If not, check your spam-blocking settings and add FirstLook@AOA.custombriefings.com to your e-mail address book. If your network administrator or Internet service provider requests it, you can provide the sending IP address: 65.240.141.95 for whitelisting.

To sign up, send an e-mail to addresschange@aoa.org.

CLCS offering wide range of activities, awards

The AOA Contact Lens and Cornea Section (CLCS) will cover a wide range of activities, courses and awards at Optometry's Meeting™ in June.

A hospitality area geared toward CLCS members and prospective members will be open during CE hours.

The area offers attendees a chance to relax between courses and hear the latest news from the sponsors, which include Alcon, Allergan, CIBA Vision, and Vistakon®, a division of Johnson & Johnson Vision Care, Inc.

On Friday, the CLCS will hold its Annual Business Meeting and Luncheon, sponsored by Alcon, from noon to 1 p.m. Register for event #0230.

The CLCS annual business meeting, open to all CLCS members and invited guests, includes the election of section council members, updates on section activities, and the opportunity to interact with the council and awardees.

At the meeting, the section will honor the recipient of the Dr. Rodger Kame Award in appreciation for outstanding service and dedication to the CLCS. The award is sponsored by The Vision Care Institute™, LLC, a Johnson & Johnson Company.

The section will honor the Achievement Award recipient in recognition of outstanding contributions to the optometric profession in the area of contact lenses and eye care. The award is sponsored by The Vision Care Institute™, LLC, a Johnson & Johnson Company.

The section will also honor the Luminary Award recipient in recognition of a distinguished clinical practitioner who has developed a contact lens practice and who tirelessly contributes to the

development of others. The award is sponsored by Bausch & Lomb.

The recipients of the CLCS Student/Resident Research Awards will be honored at the meeting as well.

Advanced Medical Optics (AMO) is sponsoring a resident award for research papers on "My Most Challenging Contact Lens Case."

Allergan is sponsoring a student/resident award for research papers dedicated to "Combating Microbial Keratitis in our Contact Lens Patients: Prevention and Treatment."

The AOA CLCS is supporting a student award for research papers on "My Most Challenging Contact Lens Case."

CIBA Vision is sponsoring a student award for research on "Unique Applications of Silicone Hydrogel Lenses."

CooperVision is sponsoring a student/resident award for research papers discussing "Contemporary Contact Lens Management of Presbyopia ...Vision Correction Beyond Monovision."

Each first-place award recipient will receive \$2,000, round-trip airfare, two nights' stay at Optometry's Meeting™, meal reimbursement and a prestigious plaque.

Two runner-up awards will provide \$1,000 and a cer-

tificate.

Immediately following the meeting and luncheon, Alcon is sponsoring the "CLCS Korb Award Lecture of Excellence," course #2312, from 1 p.m. to 2 p.m. (Lecturers: H. Cavanaugh, M.D., Ph.D., Korb, O.D.)

Friday evening, the CLCS will hold its Awards Reception from 5:30 p.m. to 7 p.m. Register for event code #0240.

The CLCS awards reception will honor the recipient of the prestigious Dr. Donald Korb Award for Excellence.

The award is given in recognition of an individual who is a true innovator and leader in the field of contact lenses and anterior segment disease.

The reception and award are sponsored by CIBA Vision.

Later Friday night, CooperVision is sponsoring the CLCS Education Reception from 7:30 p.m. to 9:30 p.m. Register for event code #0270.

Hotel blocks in Seattle are filling fast, but there's still time to register for Optometry's Meeting™ and receive a CE discount.

Courses are \$35 per hour for those registering by the end of May.

After May 31, the price per hour is \$40.

Visit www.optometrysmeeting.org for more information.

Sports vision courses on tap

The AOA Sports Vision Section (SVS) will keep Optometry's Meeting™ attendees active with a full schedule on Friday, June 27 in Seattle.

"Dynamic Visual Acuity Assessment Update and a Sports Vision Patient-Athlete Experience at Nike SST and MJPC," course #2610, will be from 10 a.m. to noon on Friday. (Lecturers: B. Coffey, O.D. and A. Reichow, O.D.)

This course will review various approaches to Dynamic Visual Acuity and introduce new computer-based instrumentation.

The lecturers will provide an overview of the new Michael Johnson Performance Center (MJPC) with integrated Nike Sensory Sport Training (Nike SST). They will present case studies of athletes receiving services.

The section will hold its Annual Business Meeting from 1 p.m. to 2 p.m. on Friday.

The recipients of the Sports Vision OD of the Year, Eagle and Industry Appreciation awards will be honored at the meeting.

The Sports Vision OD of the Year award recognizes an individual who has provided leadership and/or has made innovative, significant, or outstanding contributions to the field of sports vision and/or to the SVS.

The Eagle Award is presented to a non-optometrist who significantly promotes sports vision and vision training to the public. Included among past recipients are St. Louis Cardinals first baseman Mark McGwire, American professional golfer Val Skinner, Olympic gold medalist and downhill skier Picabo Street, University of Georgia head football coach and athletic director Vince Dooley and Baltimore Orioles second baseman Brian Roberts.

The Industry Appreciation Award is presented to an industry member who has demonstrated significant support of the SVS and its efforts to promote the profession of optometry and sports vision, as well as to educate consumers on the importance of protecting and caring for their eyesight and the enhancement of their vision skills.

The section's Council Meeting will be held from 2 p.m. to 5 p.m.

"Visual Performance in Golf and Shotgun Sports," course #2615, will be from 2 p.m. to 4 p.m. on Friday. (Lecturer: B. Coffey, O.D.)

This course is designed to introduce the optometrist to several visual skills necessary for consistency in target localization in golf putting and shotgun sports. Recommended methods of evaluation and enhancement will be covered.

For more information and to register for Optometry's Meeting™, visit www.optometrysmeeting.org.

Call for courses for 2009 meeting now open

The Continuing Education Committee of the AOA is pleased to invite submissions of optometric, paraoptometric, and optometric student education courses at the 2009 Optometry's Meeting™ in Washington, D.C., beginning May 7.

Continuing education courses will be held from Wednesday, June 24 through Sunday, June 28, 2009, in the Gaylord National™ Convention Center.

Courses submitted cover a wide variety of ophthalmic topics. All abstracts must be submitted electronically via online submission by Aug. 8, 2008.

To submit a course, please visit the AOA Web site,

www.aoa.org, and click on the "2009 Call for Courses" icon. Inquiries regarding the Call for Courses can be e-mailed to: continuing-ed@aoa.org.

Submissions must be completed by August 8, 2008, for consideration. Notification of selected courses will be e-mailed to all applicants in early fall.



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- Opening General Session with speaker Christopher Gardner on Thursday
Sponsored by Essilor
- Washington Wine Experience in the Exhibit Hall on Thursday
Sponsored by HOYA
- Microbrew Mania in the Exhibit Hall on Friday
- The Varilux Optometry Super Bowl XVII on Thursday, where optometry schools compete for academic supremacy
Sponsored by Essilor
- Presidential Celebration on Saturday night featuring Jay Leno
Sponsored by HOYA

Hurry...

Register by May 31 to receive your CE at \$35 an hour!

To register, and learn more about
Optometry's Meeting™, visit
www.optometrysmeeting.org



Paraoptometric certification catching on

Since 1978, the focus on the importance of certification for paraoptometrics has been growing. As optometrists and staff realize the benefits, certification is becoming highly valued.

There are many opportunities for qualified individuals who can provide valuable service for the increasing population. The Department of Labor indicates that the employment of health care assistants is expected to increase by 27 percent or more between 2004 and 2014.

This is due to the increased aging population and the demand for skilled personnel to meet the needs of technological advancements.

Additionally, this growth is driven by the increase in the number of practices, clinics, and other health care facilities.

The Department of Labor also states that "those with formal training or experience, particularly for those with certification, will be the preference of those health care employers hiring."

As indicated by the number of paraoptometrics who have taken a certified paraoptometric examination since 2003, the demand to be certified has caught on.

Alvin Levin, O.D., chair of the Commission on Paraoptometric Certification (CPC), stated, "It does not surprise me that favorable testimonials about the value of having certified paraoptometrics in the office are coming in from all across the country.

"The paraoptometrics are saying that they feel very professional and feel that they are providing excellent optometric care to their patients, and the doctors are saying that they are more efficient,

can see more patients and are enjoying the improved quality of care," he said.

"The need for delegation of services to educated and trained paraoptometrics was a clear recommendation of the 20/20 Summit along with other recommendations for the future of the profession. The CPC will continue to test the candidates at all levels of certification with the credibility that it currently enjoys," Dr. Levin added.

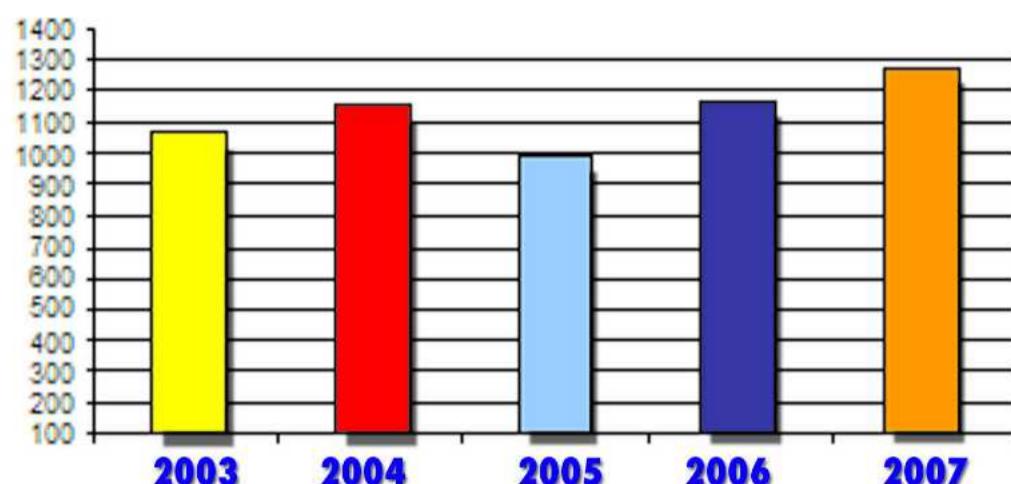
Maureen Elgin, a Certified Paraoptometric (CPO) employed by Shasta Vision Group in Mt. Shasta, Calif., stated, "Every person

who walks through our doors has at least one thing in common; they want the best care for their vision. We can proudly say that we are all certified to do the best of our abilities by the trusted AOA. Being certified lets our patients know not just anyone is taking care of them but a tested, qualified and capable individual has their best interests in mind."

Fredrick P. Darin, O.D., of Charlotte, Mich., writes, "If our practice reflects the experience of other optometrists across the country, the work completed by the CPC of the AOA must represent one of the AOA's most successful programs. Our nine paraoptometric professionals are all certified, and our newest employee is preparing for the CPO exam. This program has given our staff a sense of belonging to their own career association and a desire to work toward continuous professional involvement on a personal level."

Richard J. Smart, O.D., of Augusta, Maine, encourages all optometrists to have

Exam Candidates 2003-2007



all their employees involved in the certification process.

Dr. Smart employs a 100-percent Certified Practice having 11 CPOs, three CPOAs, and two CPOTs. He states that "well-trained employees lead to higher levels of quality care provided by your practice to your patients; everybody wins!"

Certification with the CPC is a voluntary process

that formally recognizes individuals for advanced optometric knowledge, competence, and skill. Three levels of paraoptometric certification are available through the CPC.

Once certification is achieved, lifelong continuing education is required to maintain proficiency and competence as the field of optometry advances.

CIBA Vision has provid-

ed an educational grant to help support the Paraoptometric Program since its beginning. Through its generous support, the CPC continues to offer the only certification available to paraoptometrics in the United States, Canada, and the Armed Forces.

For more information, call 800-365-2219, ext. 4135 or visit www.aoa.org.

"Being certified lets our patients know that not just anyone is taking care of them but a tested, qualified and capable individual has their best interests in mind."

Paraoptometric education abounds at Optometry's Meeting™

The AOA Paraoptometric Section is offering a fantastic range of courses at Optometry's Meeting™ in Seattle this June.

There will be more than 50 hours of continuing education offered this year for paraoptometrics.

All courses are approved by the Commission on Paraoptometric Certification for continuing education credit and are acceptable for renewal requirements.

The Vision Care Institute, LLC, a Johnson & Johnson company, is sponsoring the Thursday and Saturday paraoptometric education program.

CIBA Vision, a Novartis company, is sponsoring the Paraoptometric of the Year Awards Luncheon from noon to 2 p.m. on Thursday.

At the luncheon, the Paraoptometric Section will bestow its most prestigious award, the Paraoptometric of the Year Award, to a special member.

The Community Service Award and State Affiliate Membership Recruitment Award will be presented at the luncheon as well. Register for event code #0150.

Transitions Optical is sponsoring the Friday paraoptometric education program.

On Friday, the section will hold its election breakfast from 6:30 a.m. to 8 a.m.

This event is in conjunction with the election of the 2008-2009 AOA Paraoptometric Section Council. Register for function code #0200.

The CPC will be holding written examinations on Friday from 8 a.m. to 12:30 p.m. and practical examinations on Saturday from 8 a.m. to 3 p.m. The application deadline date is May 17.

CIBA Vision is the sponsor of the Paraoptometric Certification Program.

The Paraoptometric Section Annual Reception will be Friday from 7 p.m. to 9 p.m. Register for function code #0250 and enjoy dancing and attendance prizes.

Saturday offers the Paraoptometric State Leaders' Meeting from 8 a.m. to 9 a.m. for all state leaders interested in networking with other state leaders. Register for event code #0370.

The Exhibit Hall will feature dedicated paraoptometric hours on Saturday from 11 a.m. to 1 p.m. Paraoptometrics can enter a cash giveaway contest by the AOA.

To register for Optometry's Meeting™ courses and functions, visit www.optometrys-meeting.org.

For more information about the Paraoptometric Section, contact 800-365-2219, ext. 4222.

International CL Society honors Benjamin

The International Society of Contact Lens Specialists (ISCLS) awarded William "Joe" Benjamin, O.D., Ph.D., the Frederik William Herschel Medal at its banquet on April 15 in Buenos Aires. It is the society's highest award and is determined by the officers (president, vice president, secretary, and treasurer) of the organization's council.

Dr. Benjamin is a professor of optometry and vision science at the University of Alabama at Birmingham (UAB) School of Optometry.

He is a member and former chair of the AOA's Commission on Ophthalmic Standards and convenor (chair) of the Contact Lens Working Group of the International Organization of Standards.

He served on the steering committee for the American National Standards Institute (ANSI) Z80 Committee on Ophthalmic Products.

He is an editor and author of "Borish's Clinical Refraction" and an inaugural member of the World Council of Optometry Global Commission on Ophthalmic Standards.

He is the director of the Eye Physiology & Ocular Prosthetics Laboratory, a senior scientist of UAB's Vision Science Research Center, and

a clinician in contact lens practice and primary eye care. His basic research interests include the physiology of the cornea and ocular surface, and are related to his clinical research and practice with prosthetic eye devices such as contact lenses and conjunctival inserts.

At the International Society of Contact Lens Specialists in Buenos Aires last month are, from left, Melvin Remba, O.D., ISCLS president-elect; William "Joe" Benjamin, O.D., Ph.D.; and Nigel Hodd, ISCLS president.



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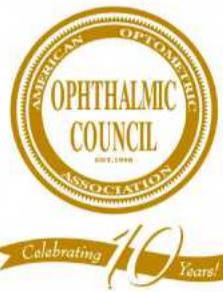
*National Safety Council's *Injury Facts*, 2007 Edition.

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Optos

TLC Vision Corporation

Transitions Optical

VSP Vision Care

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Eyemaginations

The Vision. Steven F. Sopher, O.D., founded Eyemaginations, Inc. in 1999 with a single vision: enhance the total patient experience. An eye care professional with more than 30 years of experience, Dr. Sopher understands the importance of educating patients and marketing to their needs on a daily basis. As a business owner, he also understands how creative approaches to communication and to comprehensive care can benefit your bottom line—whether you're a small practice, a large partnership or an international corporation.

The Solution. "Eyemaginations, Inc. has developed a portfolio of software products to help break down the communication barriers between the doctor and the patient," said Chief Operating Officer Joseph Boorady, O.D.

Eyemaginations' flagship product, 3D-Eye Office, includes more than 200 animations designed to educate patients on vision, eye conditions, and treatment options. 3D-Eye Office is used by thousands of practices worldwide and is considered the premier patient education and marketing tool for the eye care industry.

3D-Eye Office can be used in the waiting room, exam room, contact lens teaching area, optical, and special testing rooms. It is also integrated with dozens of technologies in the practice, including electronic medical records, visual acuity systems and special testing equipment. It covers 10 languages.

3D-Eye Online was launched in 2007 to help improve communication to patients and potential patients directly on the doctor's Web site. 3D-Eye Online includes 50 to 75 animations on general eye care topics. A practice can design topic-specific playlists for each part of its Web site.

3D-Eye Home was launched in April as a tool to extend the educational experience outside the practice. Proprietary e-mail and disk technology enables the practice to prescribe educational content directly to patients before or after an office visit.

Jeff Peres, president and CEO, stated, "3D-Eye Home is a patent-pending product that will revolutionize doctor-patient communication." With thousands of Eyemaginations clients, the total educational opportunity with 3D-Eye Home is more than 8 million patients over the next 12 months. Statistics show 58 percent of patients who were "prescribed" content watched it online; viewing averaged more than 11 minutes. Sixty-seven percent of those patients shared the content, making 3D-Eye Home a valuable marketing and communication tool for the practice. Each e-mail or disk is unique to the practice and includes information about the prescribing doctor, thus connecting the practice with existing and new patients.

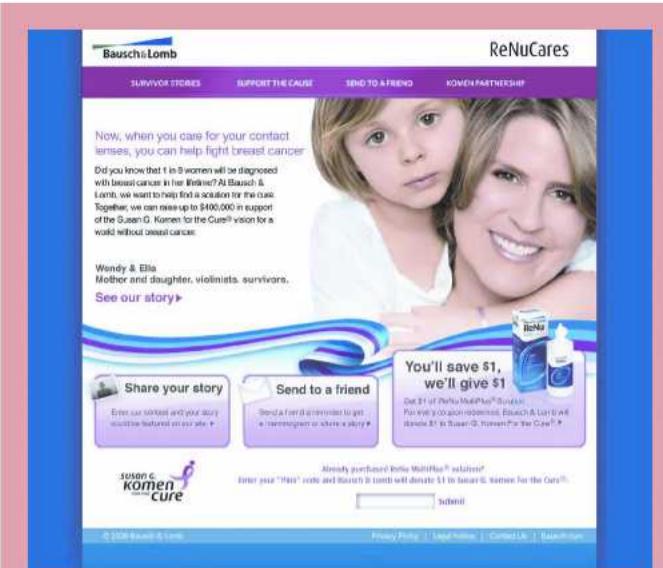
Most practices are opting for the suite of products, including 3D-Eye Office, 3D-Eye Online and 3D-Eye Home, to provide the maximum patient education and marketing experience.

Custom animations are another solution provided by Eyemaginations. These are typically created for manufacturers to help communicate the benefits of a particular technology. Clients include Alcon, Allergan, AMO, Bausch & Lomb, Essilor, HOYA, Johnson & Johnson, Novartis, Zeiss and many others.

The Focus. Eyemaginations is different from other medical media providers because, for almost a decade, it has focused exclusively on the eye, bringing qualified industry and medical expertise together with state-of-the-art creative services, creating full-color, high-motion 3-D animation. The days of using posters, plastic models and brochures to communicate are fading as the power of today's technology is being leveraged into practical applications everywhere. Eyemaginations can bring the benefits of a multimedia approach into every aspect of the practice to redefine the patient experience.

We are entering a new era of sophistication in eye care services. Eyemaginations continues to be an innovator in the field, creating tools for better communication between manufacturers, doctors, and patients.

For additional information about Eyemaginations, Inc. call 877-321-5481 or visit www.eyemaginations.com.



B&L launching campaign to aid breast cancer foundation

Increasing its commitment to raising funding and awareness for Susan G. Komen for the Cure's vision for a world without breast cancer, Bausch & Lomb created a print advertising campaign that will launch in time for Mother's Day 2008.

The campaign features real people who have faced breast cancer and come out transformed, either as survivors or as relatives who have lost loved ones to the disease.

Bausch & Lomb has committed to raise up to \$400,000 for Susan G. Komen for the Cure through sales of its ReNu MultiPlus® solution and an online campaign at www.ReNuCares.com.

Bausch & Lomb will donate \$1 for every ReNu coupon redeemed and/or unique code entered online, with a minimum guaranteed donation of \$300,000.

Bausch & Lomb will also be teaming up with the optometric community in this breakthrough initiative.

By supplying leading eye care professionals throughout the country with in-office displays, \$2.50-off coupons and pink plastic lens cases for patient giveaways, the company hopes to activate its core constituency in fighting a disease whose reach effects people from all walks of life.

"As a woman and as an optometrist, I am proud to partner with Bausch & Lomb on this wonderful cause," said Rhonda Robinson, O.D., of Ossip-Robinson Optometry and president of the organization Women of Vision. "I want to encourage the entire community to take this opportunity to act together in a substantial way to help eradicate breast cancer."

Bausch & Lomb's campaign will launch in time for Mother's Day in the May issues of Redbook, Cookie, O, The Oprah Magazine, Self, People and Health magazines and run through August 2008.

The initiative will culminate in October—Breast Cancer Awareness Month—with online giveaways of a limited-edition Bausch & Lomb Pink Crystallized™ Swarovski Elements Contact Lens Case featuring the hallmark ribbon design of Susan G. Komen for the Cure.



Transitions introduces redesigned Web site

To tie in with the launch of Transitions® VI lenses, Transitions Optical, Inc. introduced a new, enhanced Web site for consumers and industry professionals.

Still found at www.transitions.com, the Web site features a new look with updated lifestyle imagery, plus an interactive component that allows visitors to "experience" the new, advanced Transitions VI technology through a visual simulation.

Coinciding with Transitions Optical's comprehensive marketing and consumer outreach campaign, the Web site includes an "advertising" section where visitors can view the

new television commercial, which features a "day in the life" of a nature cinematographer who relies on her eyes for her work – and print advertising, which captures the testimonials of real-life nature photographers.

"Our television and print advertising campaigns alone will reach 5 billion consumers about the everyday and healthy sight benefits of Transitions lenses – so we're very excited to bring a piece of what they're already seeing on TV and in magazines to the Web site," said Grady Lenski, director of North America marketing, Transitions. "The new Web site also offers a number of valuable resources to help

eye care professionals reinforce the benefits of the new enhanced performance of Transitions lenses with patients."

The new Web site includes several interactive features, such as a "Local UV Report," which visitors can use to look up the current ultraviolet index in their city.

Additionally, the "Find an Eyecare Professional" component makes it easy for consumers to search for a nearby eye care professional by ZIP code.

The Web site also links to the Eyeglass Guide, which provides information about the eyewear selection process and encourages consumers to



take a five-minute quiz to determine the lens options they should request at their next appointment.

In addition to detailed information on the Transitions VI technology, the "For Professionals" portion of the site provides con-

tinuing education opportunities and a link to the Transitions Online Marketing (TOM) tool, where eye care professionals can create custom marketing and point-of-sale materials to support the launch of Transitions VI lenses in office.

Company first to distribute new sun lenses with Trivex material

Intercast Europe, S.r.l., a business of PPG Industries, announced X-Cel Optical Company as the first U.S. lens manufacturer to distribute NXT® Rx sun lenses with Trivex® material during the International Vision Expo East trade show. PPG Industries also introduced new marketing materials for Trivex lenses.

X-Cel Optical Company now offers this new premium product, which combines the optical clarity, impact resistance and comfortable, lightweight qualities of Trivex material with Intercast's unique Light Management Technology and offers the latest advances in color formulation and light filtration.

This pairing provides an advanced sunwear solution for premium fashion and sport prescription eyewear needs.

Introduced in late 2007 in Europe, NXT Rx sun lenses are currently available in three fixed tints and four photochromic colors, including mirror-coating options, all providing 100 percent ultraviolet protection.



"Today's consumers demand the best in their prescription sunwear, making NXT Rx sun lenses the ideal addition to the Trivex material product family," said Christine Camsuzou, general manager, optical materials, PPG. "By combining the benefits of Trivex material with the sun protection features of NXT technology, these lenses provide consumers with a prescription sun lens that can meet all the demands of an active, full lifestyle."

The addition of NXT Rx sun lenses completes X-Cel's Trivex offering, which also includes Aris™ Trivex clear, Transitions® Trivex and Aris NXT.

"These quality sun lenses are a strong addition to our line of Trivex products, reinforcing our commitment to providing the widest possible range of lens options to meet consumers' ever-changing needs," said Connie Achman, vice president of sales & marketing for X-Cel Optical Company. "Today, consumers' lifestyles are busier than ever, which is why it's so important for us to be able to offer them a prescription sun lens that can address all of those needs in a single product."

NXT Rx sun lenses are compatible with all frame materials, highly resistant to solvents and lend themselves to rimless drilling without the

risk of stress cracking.

For more information, visit www.nxt-vision.com.

The new marketing materials for Trivex® lens material will help eye care professionals communicate the product's unique benefits to consumers, placing the features of the material in context with the busy lives of today's patients.

The "Trivex. True to Life." theme will focus on how the lens material provides consumers with exceptional performance and practicality in real life, delivering the sharp visual quality pre-

scribed, plus the visual protection, comfort and fashion that their active lifestyles call for.

New marketing materials highlighting the "True to Life" message include professional and consumer brochures about Trivex material, as well as a poster for display in-office.

The brochures feature a section that can be customized by labs and lens caster partners prior to distribution to their eye care professional customers, as well as a section for eye care professionals use to personalize the materials for use in practice or delivery directly to their patients.

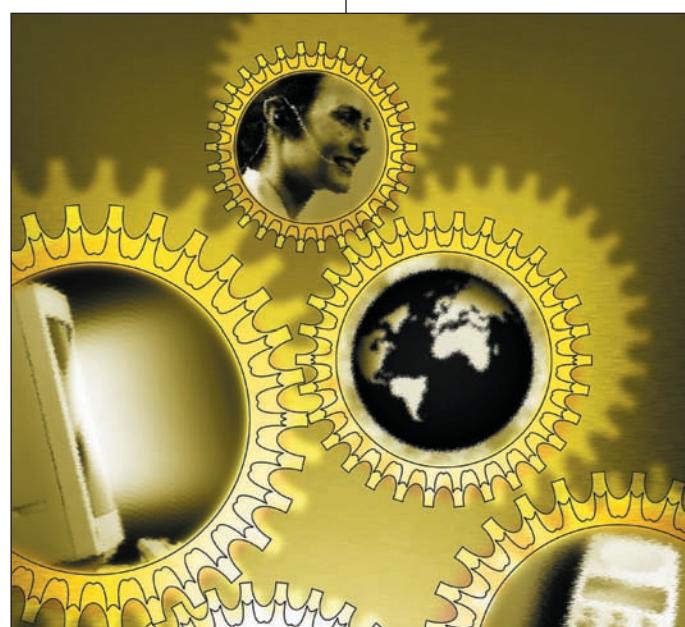


Kaenon Polarized introduces its Hard Kore style, which exemplifies the brand's commitment to luxury performance. Athletes on the PGA tour, in the MLB, in fishing and on the women's Webcor team, a professional cycling team, are benefiting from the sunwear.

Getting in touch with the AOA

Direct lines to the AOA:
A new phone system allows AOA members to reach AOA staff directly. For St. Louis staff, dial (314) 983-XXXX, where the four digits are the four-digit extension code listed.

For Washington, DC, office staff, dial (703) 837-XXXX, where the four digits are the last four digits listed.



Don't know where to start?
Call Member Services at
800-365-2219 x4179

Help us serve you better.
When calling, if you leave a message be sure to include information on whether the number is for your home or office and from what time zone you are calling. Better, include information on the best time for AOA staff to return your call.

AOA's volunteer structure is supported by 96 staff. For more information on AOA's programs and services, you may contact the staff at the following numbers.

Accounts Payable

800-365-2219 x4248

Accounts Receivable

800-365-2219 x4239

Accreditation Council on Optometric Education

800-365-2219 x4246, x4262 or x4223

JLUrbeck@aoa.org

WJRedd@aoa.org

TAWirth@aoa.org

Address Changes

800-365-2219 x4112

(Leave message)

AddressChange@aoa.org

AOA News

800-365-2219 x4216

RAFoster@aoa.org

RFPieper@aoa.org

TLOverton@aoa.org

AOA Political Action Committee

703-837-1376

JLTrute@aoa.org

Aviation Vision

800-365-2219 x4244

JLWeaver@aoa.org

Anniversary Awards (Member Services)

800-365-2219 x4238

MemberServices@aoa.org

Career Guidance Materials

800-365-2219 x4260

SKMeyer@aoa.org

Classified Advertising

212-633-3986

K.Spurlock@elsevier.com

Clinical Care Information

800-365-2219 x4245/x4244

JLWeaver@aoa.org

Clinical Practice Guidelines

800-365-2219 x4237/x4244

BTKowalczyk@aoa.org

Coding/billing questions

703-837-1344 or

SCDwyer@aoa.org

Commission on Paraoptometric Certification

800-365-2219 x4135, x4210

DMLeuschke@aoa.org

SAlderson@aoa.org

Communications Group

800-365-2219 x4212

SMWasserman@aoa.org

Community Health Centers

800-365-2219 x4244 or x4209

JLWeaver@aoa.org

Contact Lens and Cornea Section

800-365-2219 x4137

RRRisko@aoa.org

Continuing Education: Opt. CE-Other Assns.

800-365-2219 x4117

ILAMO@aoa.org

Contract Analysis Service

800-365-2219 x4151

DAArbogast@aoa.org

Credits-AOA CE

800-365-2219 x4256

Council on Research

800-365-2219 x4244 or x4209

JLWeaver@aoa.org

Diabetes Initiative - CMS

703-837-1346

KHipp@aoa.org

Endowment Fund

800-365-2219 x4237

BTKowalczyk@aoa.org

Environmental/Occupational Vision

800-365-2219 x4244 or x4209

JLWeaver@aoa.org

Ethics and Values

800-365-2219 x4244

JLWeaver@aoa.org

Event Calendar

EventCalendar@aoa.org

Eye Care Benefits

EAOrtmann-Vincenzo@aoa.org

800-365-2219 x4234

Federal Government Relations Center

703-739-9200, x1371

JFHymes@aoa.org

Finance Center

Accounts Payable

800-365-2219 x4248

Accounts Receivable

800-365-2219 x4239

Geriatrics/Nursing Facility

800-365-2219 x4237

BTKowalczyk@aoa.org

Health Information Technology

703-837-1348

JCMitchell@aoa.org

Hospital Practice

800-365-2219 x4237

BTKowalczyk@aoa.org

Industry Relations

800-365-2219 x4133

RABrauns@aoa.org

Infants' & Children's Vision Coalition

800-365-2219, x4245

AESabo@aoa.org

InfantSEE®

800-365-2219 x4286

InfantSEE@aoa.org

Member Insurance Program

800-365-2219 x4151

DAArbogast@aoa.org

Keyperson Program

703-837-1378

ADrollette@aoa.org

Legal Aspects of Practice

800-365-2219 x4151

DAArbogast@aoa.org

800-262-2210

JVMurphy@aoa.org

Business Cards/Office Forms:

800-262-2210

Orders@aoa.org

Payment Inquiries:

800-365-2219 x4239

Paraoptometric Section

800-365-2219 x4222 or 4108

JVMurphy@aoa.org

PS@aoa.org

Library (ILAMO)

800-365-2219

Information and Loans

x4117, 4118, 4102, or 4104;

Calendar of Meetings x4117

ILAMO@aoa.org

Low Vision

Rehabilitation Section

800-365-2219 x4225

SDBrown@aoa.org

Managed Care

EAOrtmann-Vincenzo@aoa.org

800-365-2219 x4234

Media Relations

800-365-2219 x4263

SLThomas@aoa.org

Medicare Coding

703-837-1344

SCDwyer@aoa.org

Medicare Policy

703-837-1346

KHipp@aoa.org

Member Records (AOA)

800-365-2219 x4131

MemberRecords@aoa.org

Member Services

800-365-2219 x4111

MemberServices@aoa.org

Memorials and Tributes

(Book of Memory)

AOA Endowment Fund

800-365-2219 x4237

BTKowalczyk@aoa.org

Museum

800-365-2219 x4102

LDrapier@aoa.org

New Technology

800-365-2219 x4245

JLWeaver@aoa.org

Ophthalmic Standards

800-365-2219 x4244/x4245

JLWeaver@aoa.org

Optometric Leadership Institute

800-365-2219 x4110

LMBaumstark@aoa.org

Optometric Recognition Awards (ORA)

800-365-2219 x4258 or x4260



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Southern College of Optometry
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School of Optometry
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Applicants for this position in the Department of Optometry must possess the Doctor of Optometry degree and have completed an ACOE accredited residency program preferably in primary eye care or ocular disease. Evidence of an ability to develop in the area of patient care and research is important. The successful candidate will have teaching responsibility in both the clinic as well as classroom and laboratories. In addition, this position entails active participation in clinical research or other scholarly activities.

A curriculum vitae, statement of clinical teaching and research interest, and names and addresses of three professional references should be sent to:

Jimmy D. Bartlett, O.D., Sc.D.
Professor and Chair
Department of Optometry, School of Optometry
1716 University Blvd.
University of Alabama at Birmingham
Birmingham, AL 35294-0010

Deadline for receipt of applications is April 30, 2008 or until the position is filled.

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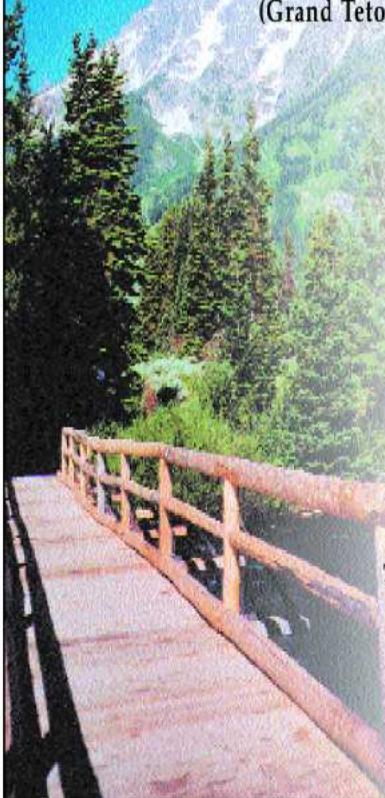
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Application Process: Send CV, description of research/teaching experience, and the names of three (3) references to:

Search Committee c/o Dr. Jane Gwiazda
The New England College of Optometry
424 Beacon Street, Boston, MA 02115

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NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
Office of Continuing Education and Alumni Affairs

GLAUCOMA UPDATE 2008

August 24, 2008

FOR FURTHER INFORMATION PLEASE CONTACT
LORENA LIZAUSABA, COORDINATOR
(954) 262-4224 • OCEAA@NSU.NOVA.EDU

FACULTY

Barry J. Frauens, O.D., FAAO
Jerome Sherman, O.D., FAAO
Joseph Sowka, O.D., FAAO (Dipl)

8 hours of COPE approved continuing education courses including
6 hours of Florida TQ

<http://optometry.nova.edu/ce>

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NOVA SOUTHEASTERN
UNIVERSITY
College of Optometry

SOUTHWEST FLORIDA EDUCATIONAL RETREAT

August 1-3, 2008



South Seas.
Island Resort

Captiva Island, Florida

Education

Transcript Quality - 6 Hours • Continuing Education - 11 Hours
Total Hours 17 • 15 Hours Cope Approved

Program / Speakers

Jimmy Bartlett, O.D., F.A.A.O. 6 hours TQ/CE

Brian Den Beste, O.D., F.A.A.O. 5 hours CE
2 hours CE Medical Errors

Sheldon Kreda, O.D., F.A.A.O. 2 hours PM - Designing a
Paperless Office

Ron Foreman, O.D., F.A.A.O. 2 hours CE
Optometric Jurisprudence

Information

Brad Middaugh, O.D.

1534 Brantley Rd.

Fort Myers, Florida 33907

Phone: 239-481-7799

Fax: 239-481-3739

E-mail: swfoa@att.net

Registration

Prior to July 10, 2008

A.O.A members - \$350

Non-members - \$450

• • • •

After July 10th add \$50

to ALL registrations.

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Nova Southeastern University College of Optometry
Office of Continuing Education and Alumni Affairs

2008 Leagues Under the CE

(Atlantis, Paradise Island, Nassau, Bahamas)

September 25-28, 2008

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Yin Tea, O.D., FAAO
Heidi Wagner, O.D., M.P.H., FAAO (Dipl)

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OPTOMETRIST – Portland, Maine area. Full time leading to partnership in large privately owned optometric practice. Office fully equipped with GDx, OCT, topographer, Optos, anterior segment digital camera, pachymeter and on-site optical fabrication lab including cast molding and surfacing. Call or write Cynthia Johnson, Eye Care & Eye Wear Center of Maine, 151 Main Street, Westbrook, ME 04092, tel: 207-854-1801, www.eyecareofmaine.com

Optometrist Needed – Syracuse, NY

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Practice for Sale. Exceptional private practice opportunity available in affluent metro Denver, Colorado. Complete optical and on-site-finishing lab. Located in a busy retail area. Price reduced to 65k. Additional 5K quick close incentive. Motivated seller. Contact contact@coffeyowens.com or 303-316-0331

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ST. LOUIS, MO - FULL TIME OPTOMETRIST.

Full time optometrist needed for private practice in St. Louis. Highly progressive practice, state of the art equipment, the latest in technology, full scope eyecare. Great benefit package and great salary. Please forward CV and inquire via e-mail to: jjwachter@charter.net

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Davis, CA: Complete set of dispensary furniture in excellent condition, includes displays for 1000 frames, three dispensing tables and mirrors. Fully furnish your new or second office inexpensively. Contact Joann @ 530-758-2122.

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Effective the October 9, 2006 issue onwards, Classified advertising rates are as follows: 1 column inch = \$60 (40 words maximum) 2 column inches - \$110 (80 words maximum) 3 column inches = \$150 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is \$30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable. All advertising copy must be received by e-mail at k.spurlock@elsevier.com attention Keida Spurlock, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year (one issue only in January, June, July, August, November, and December, all other months, two issues) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Keida Spurlock - Elsevier ad sales contact - at 212.633.3986 for advertising rates for all classifieds and showcase ads.



MEETINGS

May

UTAH OPTOMETRIC ASSOCIATION 2008 ANNUAL CONVENTION May 29/June 1, 2008 Park City, Utah Clive E. Watson 801/364-9103 FAX: 801/364-9613 uoa@xmission.com www.utaheyedoc.org

ANNUAL SPRING CONGRESS ARIZONA OPTOMETRIC ASSOCIATION May 30/June 1, 2008 Hilton El Conquistador Resort & Spa, Tucson, Arizona 602/279-0055 info@azoa.org

June

MISSISSIPPI OPTOMETRIC ASSOCIATION SUMMER CONVENTION & THIRD PARTY CONFERENCE June 5-7, 2008 Pearl River Resort, Philadelphia, MS Linda Ross Aldy 601/853-4407 FAX: 601/853-4408 msoptometr@aol.com www.mseyes.com

GEORGIA OPTOMETRIC ASSOCIATION 104TH ANNUAL MEETING June 5-8, 2008 Sandestin Golf & Beach Resort, Sandestin, Florida Vanessa Gross 800/949-0060 or 770/961-9866 FAX: 770/961-9965 vanessgoa@aol.com www.goaeyes.com

AEA CRUISES OPTOMETRIC CRUISE SEMINAR - GREEK ISLES June 5-17, 2008 Aboard the Emerald Princess 888/638-6009 aeacruses@aol.com www.optometriccruisesseminar.com

JOINT CONFERENCE ON CLINICAL AND THEORETICAL OPTOMETRY (JCTCO) OPTOMETRIC EXTENSION PROGRAM FOUNDATION June 5-9, 2008 Pacific University, Forest Grove, OR Sally Corngold smcorngold@cep.org

MISSOURI OPTOMETRIC ASSOCIATION LEADERSHIP CONFERENCE June 6-8, 2008 Country Club Hotel and Spa, Lake of the Ozarks, Joyce Baker 573/635-6151 info@moeycare.org

NORTH CAROLINA STATE OPTOMETRIC SOCIETY ANNUAL SPRING CONGRESS June 6-8, 2008 Embassy Suites Hotel, Myrtle Beach, South Carolina, nceyecare@aol.com www.nceyes.org

PENNSYLVANIA OPTOMETRIC ASSOCIATION POA SPRING EDUCATIONAL CONFERENCE June 6-8, 2008 Omni William Penn Hotel, Pittsburgh, Ilene Sauerteig 717/233-6455 ilene@poaeyes.org

VIRGINIA OPTOMETRIC ASSOCIATION MIDDLE ATLANTIC CONTINUING EDUCATION CONFERENCE AND PARAOPTOMETRIC EDUCATION CONFERENCE June 6-8, 2008 Sheraton West, Richmond, Virginia Bruce B. Keeney, Sr. 804/643-0309 www.voaeyedocs.org

JUNE "SUMMER" CONFERENCE MAINE OPTOMETRIC ASSOCIATION June 13-15, 2008 207/626-9920 Harborside Hotel & Marina, Bar Harbor, Maine moa.office@maineyedoctors.com www.maineyedoctors.com

OPTOMETRY ASSOCIATION OF LOUISIANA ANNUAL CONVENTION June 13-15, 2008 Lafayette Hilton, Lafayette, Louisiana Dr. Jim Sandefur 318/335-0675 optla@bellsouth.net www.optla.org

WEST VIRGINIA OPTOMETRIC ASSOCIATION MIDYEAR SEMINAR June 13-15, 2008 Stonewall Resort, Roanoke, West Virginia 866/205-5897 exec@wvoa.com www.wvoa.com

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY NEURO-OPTOMETRY FOR THE PRIMARY CARE OPTOMETRIST June 21-22, 2008 Fort Lauderdale, Florida N. Scott Gorman, O.D., MS, EdD, 954/262-1462 scottg@nsu.nova.edu <http://optometry.nova.edu/ce>

OPTOMETRY'S MEETING™ June 25-29, Seattle Washington State Convention and Trade Center, More than 200 hours of CE www.optometrysmeeting.org

NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY FLORIDA BOARD OF OPTOMETRY EXAMINATION REVIEW COURSE June 21-22, 2008 Fort Lauderdale, Florida N. Scott Gorman, O.D., MS, EdD, 954/262-1462 scottg@nsu.nova.edu <http://optometry.nova.edu/ce>

AEA CRUISES OPTOMETRIC CRUISE SEMINAR - ALASKA June 29 - July 6, 2008 (follows the AOA's Optometry's Meeting™ in Seattle) Aboard the Star Princess 888/638-6009 aeacruses@aol.com www.optometriccruisesseminar.com

July

AEA CRUISES OPTOMETRIC CRUISE SEMINAR - BRITISH ISLES JULY 1-13, 2008 Aboard the Grand Princess 888/638-6009 aeacruses@aol.com www.optometriccruisesseminar.com

COLORADO OPTOMETRIC ASSOCIATION, COLORADO VISION SUMMIT July 10-13, 2008 Steamboat Grand/Sheraton, Steamboat Springs, Colorado Barbara Zablotsky barbaraz@visioncare.org

FLORIDA OPTOMETRIC ASSOCIATION 106TH ANNUAL CONVENTION July 10-13, 2008 Naples Grande Resort & Spa, Naples, Florida, Kellie Webb 800/399-2334 or 850/877-4697 FAX: 850/878-0933 kellie@floridaeyes.org www.floridaeyes.org

THE ART & SCIENCE OF OPTOMETRIC CARE (OEP CLINICAL CURRICULUM) OPTOMETRIC EXTENSION PROGRAM FOUNDATION July 12-16, 2008 Southern College of Optometry, Memphis, TN, Theresa Krejci 800/447 0370 TheresaKrejciOEP@verizon.net www.oep.org

NORTH DAKOTA OPTOMETRIC ASSOCIATION NDOA ANNUAL GOLF OUTING AND CONTINUING EDUCATION MEETING July 17-19, 2008 Community Center, Medora, North Dakota, Nancy Kopp 701/258-6766 or 877/637-2026 FAX: 701/258-9005 ndoa@btinet.net www.ndeyecare.info

PENNSYLVANIA OPTOMETRIC ASSOCIATION POA SUMMER CE CRUISE TO BERMUDA AND THE CARIBBEAN July 17-26, 2008 Leaves Cape Liberty, New Jersey (Port of Bayonne) Brigitte Ullom 717/233-7222 brigitte@firstworldtravel.webmail.com

NORTHERN ROCKIES OPTOMETRIC CONFERENCE July 17-19, 2008 Snow King Conference Center Jackson Hole, WY Dan Lex 307/637-7575 www.NRCMeeting.com

SOUTHERN CALIFORNIA COLLEGE OF OPTOMETRY CONTINUING EDUCATION AT SEA, July 19-26, Alaska Cruise aboard Holland America's Ms. Oosterdam Sue Atkinson

714/449-7442 www.scco.edu www.specialeventcruises.com

NATIONAL OPTOMETRIC ASSOCIATION 40TH ANNUAL CONVENTION July 22-27, 2008 Hilton Financial District Hotel, San Francisco, California Dr. Charles Comer 877/394-2020 www.natoplassoc.com or www.nationaloptometricassociation.org

To submit an item for the meetings calendar, send a note to eventcalendar@aoa.org

IQUIX®

(levofloxacin ophthalmic solution) 1.5%

BRIEF SUMMARY

INDICATIONS AND USAGE

IQUIX® solution is indicated for the treatment of corneal ulcer caused by susceptible strains of the following bacteria:

GRAM-POSITIVE BACTERIA:

Corynebacterium species*
Staphylococcus aureus
Staphylococcus epidermidis
Streptococcus pneumoniae
Viridans group streptococci*

GRAM-NEGATIVE BACTERIA:

Pseudomonas aeruginosa
*Serratia marcescens**

*Efficacy for this organism was studied in fewer than 10 infections.

CONTRAINDICATIONS

IQUIX® solution is contraindicated in patients with a history of hypersensitivity to levofloxacin, to other quinolones, or to any of the components in this medication.

WARNINGS

NOT FOR INJECTION.

IQUIX® solution should not be injected subconjunctivally, nor should it be introduced directly into the anterior chamber of the eye.

In patients receiving systemic quinolones, serious and occasionally fatal hypersensitivity (anaphylactic) reactions have been reported, some following the first dose. Some reactions were accompanied by cardiovascular collapse, loss of consciousness, angioedema (including laryngeal, pharyngeal or facial edema), airway obstruction, dyspnea, urticaria, and itching. If an allergic reaction to levofloxacin occurs, discontinue the drug. Serious acute hypersensitivity reactions may require immediate emergency treatment. Oxygen and airway management should be administered as clinically indicated.

PRECAUTIONS

General:

As with other anti-infectives, prolonged use may result in overgrowth of non-susceptible organisms, including fungi. If superinfection occurs, discontinue use and institute alternative therapy. Whenever clinical judgment dictates, the patient should be examined with the aid of magnification, such as slit-lamp biomicroscopy, and, where appropriate, fluorescein staining. Patients should be advised not to wear contact lenses if they have signs and symptoms of corneal ulcer.

Information for Patients:

Avoid contaminating the applicator tip with material from the eye, fingers or other source.

Systemic quinolones have been associated with hypersensitivity reactions, even following a single dose. Discontinue use immediately and contact your physician at the first sign of a rash or allergic reaction.

Drug Interactions:

Specific drug interaction studies have not been conducted with IQUIX®. However, the systemic administration of some quinolones has been shown to elevate plasma concentrations of theophylline, interfere with the metabolism of caffeine, and enhance the effects of the oral anticoagulant warfarin and its derivatives, and has been associated with transient elevations in serum creatinine in patients receiving systemic cyclosporine concomitantly.

Carcinogenesis, Mutagenesis, Impairment of Fertility:

In a long term carcinogenicity study in rats, levofloxacin exhibited no carcinogenic or tumorigenic potential following daily dietary administration for 2 years; the highest dose (100 mg/kg/day) was 100 times the highest recommended human ophthalmic dose.

Levofloxacin was not mutagenic in the following assays: Ames bacterial mutation assay (*S. typhimurium* and *E. coli*), CHO/HGPRT forward mutation assay, mouse micronucleus test, mouse dominant lethal test, rat unscheduled DNA synthesis assay, and the *in vivo* mouse sister chromatid exchange assay. It was positive in the *in vitro* chromosomal aberration (CHL cell line) and *in vitro* sister chromatid exchange (CHL/II cell line) assays.

Levofloxacin caused no impairment of fertility or reproduction in rats at oral doses as high as 360 mg/kg/day, corresponding to 40 times the highest recommended human ophthalmic dose.

Pregnancy: Teratogenic Effects, Pregnancy Category C:

Levofloxacin at oral doses of 810 mg/kg/day in rats, which corresponds to approximately 1000 times the highest recommended human ophthalmic dose, caused decreased fetal body weight and increased fetal mortality.

No teratogenic effect was observed when rabbits were dosed orally as high as 50 mg/kg/day, which corresponds to approximately 60 times the highest recommended maximum human ophthalmic dose, or when dosed intravenously as high as 25 mg/kg/day, corresponding to approximately 30 times the highest recommended human ophthalmic dose.

There are, however, no adequate and well-controlled studies in pregnant women. Levofloxacin should be used during pregnancy only if the potential benefit justifies the potential risk to the fetus.

Nursing Mothers:

Levofloxacin has not been measured in human milk. Based upon data from ofloxacin, it can be presumed that levofloxacin is excreted in human milk. Caution should be exercised when IQUIX® is administered to a nursing mother.

Pediatric Use:

Safety and effectiveness in children below the age of six years have not been established. Oral administration of systemic quinolones has been shown to cause arthropathy in immature animals. There is no evidence that the ophthalmic administration of levofloxacin has any effect on weight bearing joints.

Geriatric Use:

No overall differences in safety or effectiveness have been observed between elderly and other adult patients.

ADVERSE REACTIONS

The most frequently reported adverse events in the overall study population were headache and a taste disturbance following instillation. These events occurred in approximately 8-10% of patients.

Adverse events occurring in approximately 1-2% of patients included decreased/blurred vision, diarrhea, dyspepsia, fever, infection, instillation site irritation/discomfort, ocular infection, nausea, ocular pain/discomfort, and throat irritation. Other reported ocular reactions occurring in less than 1% of patients included chemosis, corneal erosion, corneal ulcer, diplopia, flaccers, hyperemia, lid edema, and lid erythema.

Rx Only.

Manufactured by:

Santen Uy, P.O. Box 33, FIN-33721 Tampere, Finland

Santen®

Marketed by:
VISTAKON® Pharmaceuticals, LLC
Jacksonville, FL 32256 USA

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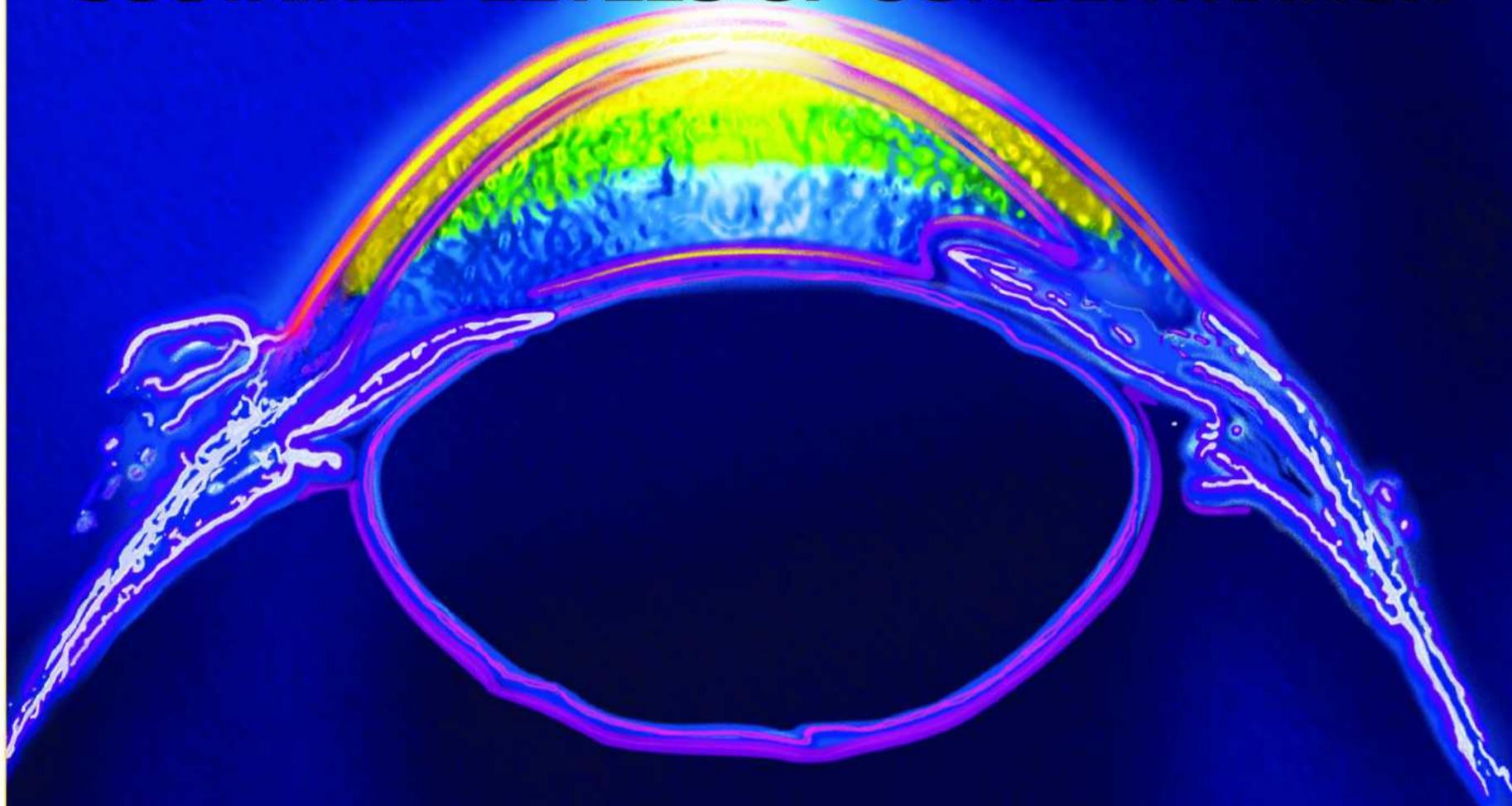
U.S. PAT. NO 5,053,407



INTRODUCING IQUIX®



SUSTAINED LEVELS OF CONCENTRATION



**Delivering concentration
above and below
the ocular surface¹⁻³**



IQUIX®
(levofloxacin ophthalmic solution) 1.5%

Take Concentration to a New Level

IQUIX® is indicated for the treatment of corneal ulcers. The ocular adverse events occurring in 1%-2% of patients included decreased/blurred vision, instillation site irritation/discomfort, ocular infection, and ocular pain/discomfort. The non-ocular adverse events occurring in approximately 8%-10% of patients were headache and taste disturbance. IQUIX® solution is contraindicated in patients with a history of hypersensitivity to levofloxacin, to other quinolones, or to any of the components in this medication.

References: 1. Walters TR, Hart W. Tear concentration of 1.5% levofloxacin ophthalmic solution following topical administration in healthy adult volunteers. *Invest Ophthalmol Vis Sci.* 2003;44: E-Abstract 4453. 2. Data on file, VISTAKON® Pharmaceuticals. Pharmacokinetic report for comparative ocular penetration of levofloxacin, moxifloxacin and gatifloxacin following a single topical administration to the rabbit eye. Study No. 74202. 3. Data on file, VISTAKON® Pharmaceuticals. A randomized, observer-masked, parallel-group, multicenter trial evaluating the ocular penetration of 1.5% levofloxacin ophthalmic solution and 0.3% gatifloxacin ophthalmic solution in subjects undergoing corneal transplant surgery. Clinical Study Report 16-007R. August 2, 2005.

Please see brief summary of full Prescribing Information on the next page.

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Manufactured by Santen Oy, Tampere, Finland .

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